# United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE:  | Case No  |
|---|--|
| Mattei, Denise J  | Chapter 7  |
| De  | ebtor(s)   |
| VI  | ERIFICATION OF CREDITOR MATRIX   |
| The above named debtor(s) or attorney correct to the best of their knowledge. | for the debtor(s) hereby verify that the attached matrix (list of creditors) is true a |
| Date: March 29, 2017  | /s/ Denise J Mattei Debtor   |
|   | Joint Debtor   |
|   | /s/ Kevin Zazzera Attorney for Debtor  |

Barclays Bank Delaware PO Box 8801 Wilmington, DE 19899-8801

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Cap One NA PO Box 26625 Richmond, VA 23261-6625

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank USA N PO Box 30281 Salt Lake City, UT 84130-0281

Capital One NA PO Box 30258 Salt Lake City, UT 84130-0258

Capital One Visa PO Box 71087 Charlotte, NC 28272-1087 Citibank/the Home Depot PO Box 790040S Louis, MO 63129

Comenity Bank Jessica London PO Box 659728 San Antonio, TX 78265-9728

Comenity Bank/Anniesez PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Anniesez 995 W 122nd Ave Westminster, CO 80234-3417

Comenity Bank/Roamans 8035 Quivira Rd Lenexa, KS 66215-2746

Comenity Bank/Roamans PO Box 182125 Columbus, OH 43218-2125

Comenity Capital/Jjill 995 W 122nd Ave Westminster, CO 80234-3417 Comenity Capital/Jjill PO Box 182125 Columbus, OH 43218-2125

DELL PREFERRED ACCOUNT PO Box 6403 Carol Stream, IL 60197-6403

Dr Leonards/carol Wrig 1515 S 21st St Clinton, IA 52732-6676

Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001

Merrick Bank/Geico Card PO Box 23356 Pittsburgh, PA 15222-6356

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709

Midland Funding - WEBBANK 2365 Northside Dr Ste 300 San Diego, CA 92108-2709

Portfolio Rc 287 Independence Blvd Virginia Beach, VA 23462-2962

Portfolio Recovery Ass 287 Independence Blvd Virginia Beach, VA 23462-2962

Portfolio Recovery Assoc.-METABANK PO Box 41067 Norfolk, VA 23541-1067

Portfolio Recovery- Citibank N A PO Box 41067 Norfolk, VA 23541-1067

Ross-Simons PO Box 105658 Atlanta, GA 30348-5658

SKO Brenner American Inc 40 Daniel St Farmingdale, NY 11735-1308

Syncb/amazon PO Box 965015 Orlando, FL 32896-5015 Syncb/paypal Smart Con PO Box 965005 Orlando, FL 32896-5005

Syncb/Walmart PO Box 965024 El Paso, TX 79998

Synchrony Bank/Amazon PO Box 965064 Orlando, FL 32896-5064

Synchrony Bank/care credit PO Box 960061 Orlando, FL 32896-0061

Synchrony Bank/Paypal Cr PO Box 965064 Orlando, FL 32896-5064

Synchrony Bank/Walmart PO Box 965064 Orlando, FL 32896-5064

Thd/Cbna
PO Box 6497
Sioux Falls, SD 57117-6497

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701-4747

Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306-0335

B201B (Form 201B) (12/09)

## United States Bankruptcy Court Eastern District of New York, Brooklyn Division

| IN RE:           |           | Case No.  |
|------------------|-----------|-----------|
| Mattei, Denise J |           | Chapter 7 |
| •                | Debtor(s) | •         |

## CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

| UNDER § 3  | 342(b) OF THE BANKRUPTCY C                  | ODE   |
|--|---|---|
| Certificate of [N  | Non-Attorney] Bankruptcy Petition           | Preparer  |
| I, the [non-attorney] bankruptcy petition preparer s notice, as required by § 342(b) of the Bankruptcy ( |   | y that I delivered to the debtor the attached   |
| Printed Name and title, if any, of Bankruptcy Petiti Address:  |   | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of office partner whose Social Security number is provided a   | er, principal, responsible person, or       | (required by 11 c.s.e. § 110.)  |
|  | Certificate of the Debtor                   |   |
| I (We), the debtor(s), affirm that I (we) have receive   | ed and read the attached notice, as require | red by § 342(b) of the Bankruptcy Code.   |
| Mattei, Denise J   | X /s/ Denise J Mattei                       | 3/29/2017   |
| Printed Name(s) of Debtor(s)   | Signature of Debtor                         | Date  |
| Case No. (if known)  | X   |   |
|  | Signature of Joint D                        | bebtor (if any) Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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| Fill in this inform             | nation to identify your  | case:                  |   |                                    |  |  |  |  |  |
|---------------------------------|--|------------------------|---|------------------------------------|--|--|--|--|--|
| Debtor 1                        | Denise J Mattei  |                        |   |                                    |  |  |  |  |  |
|                                 | First Name   | Middle Name            | Last Name   |                                    |  |  |  |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name            | Last Name   |                                    |  |  |  |  |  |
|                                 |  |                        |   |                                    |  |  |  |  |  |
| United States Bar               | nkruptcy Court for the:  | EASTERN DISTRI         | CT OF NEW YORK, BROOKLYN DIVISION   |                                    |  |  |  |  |  |
| Case number                     |  |                        |   | Check if this is an amended filing |  |  |  |  |  |
|                                 | Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7 |                        |   |                                    |  |  |  |  |  |
|                                 |  |                        |   |                                    |  |  |  |  |  |
|                                 | vidual filing under chap   |                        | out this form if:   |                                    |  |  |  |  |  |
| _                               | claims secured by you  |                        | and the d   |                                    |  |  |  |  |  |
| You must file this              | er is earlier, unless the  | ithin 30 days after yo | expired.  ou file your bankruptcy petition or by the date set time for cause. You must also send copies to the common time for cause. |                                    |  |  |  |  |  |
| •                               | ople are filing together<br>e the form.  | in a joint case, both  | are equally responsible for supplying correct info  | ormation. Both debtors must sign   |  |  |  |  |  |
|                                 | nd accurate as possible<br>our name and case num                                 |                        | eeded, attach a separate sheet to this form. On the   | e top of any additional pages,     |  |  |  |  |  |
|                                 | our Creditors Who Have   | ,                      |   |                                    |  |  |  |  |  |
| 1. For any credito              | ors that you listed in Pa  | art 1 of Schedule D: ( | Creditors Who Have Claims Secured by Property (   | Official Form 106D), fill in the   |  |  |  |  |  |
| information bel                 | low.<br>ditor and the property t   | hat is collateral      | What do you intend to do with the property that   | Did you claim the property         |  |  |  |  |  |
| identity the ore                | and the property to  | nat 13 donatoral       | secures a debt?   | as exempt on Schedule C?           |  |  |  |  |  |
| Creditor's                      |  |                        |   | E No                               |  |  |  |  |  |
| name:                           |  |                        | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No                               |  |  |  |  |  |
|                                 |  |                        | ☐ Retain the property and redeem it.  | ☐ Yes                              |  |  |  |  |  |
| Description of                  |  |                        | Agreement.  |                                    |  |  |  |  |  |
| property securing debt:         |  |                        | ☐ Retain the property and [explain]:  |                                    |  |  |  |  |  |
| Securing debt.                  |  |                        |   | <del>_</del>                       |  |  |  |  |  |
| Creditor's                      |  |                        | ☐ Surrender the property.   | □ No                               |  |  |  |  |  |
| name:                           |  |                        | ☐ Retain the property and redeem it.  | П.,                                |  |  |  |  |  |
| Description of                  |  |                        | Retain the property and enter into a <i>Reaffirmation</i>   | ☐ Yes                              |  |  |  |  |  |
| property                        |  |                        | Agreement.  ☐ Retain the property and [explain]:  |                                    |  |  |  |  |  |
| securing debt:                  |  |                        |   | _                                  |  |  |  |  |  |
|                                 |  |                        |   | _                                  |  |  |  |  |  |
| Creditor's                      |  |                        | ☐ Surrender the property.   | □ No                               |  |  |  |  |  |
| name:                           |  |                        | Retain the property and redeem it.  | □Yes                               |  |  |  |  |  |
| Description of                  |  |                        | Retain the property and enter into a <i>Reaffirmation Agreement</i> .   | _ 100                              |  |  |  |  |  |
| property                        |  |                        | Retain the property and [explain]:  |                                    |  |  |  |  |  |
| securing debt:                  |  |                        |   |                                    |  |  |  |  |  |

Official Form 108

Creditor's

☐ Surrender the property.

☐ No

| Debtor 1 Mattei, Denise J   | Case number (if known)   |                             |
|---|--|-----------------------------|
| name:  Description of property securing debt:   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a <i>Reaffirmation Agreement</i>.</li> <li>□ Retain the property and [explain]:</li> </ul>                                 | □ Yes                       |
| he information below. Do not list real estate   | perty Leases hat you listed in Schedule G: Executory Contracts and Unexpired Leases. Unexpired leases are leases that are still in effect; the lease y lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                             |
| Describe your unexpired personal property   | leases   | Will the lease be assumed?  |
| Lessor's name: Description of leased Property:  |  | □ No                        |
| Lessor's name:<br>Description of leased   |  | □ No                        |
| Property:   |  | ☐ Yes                       |
| Lessor's name:<br>Description of leased<br>Property:  |  | □ No                        |
| Toperty.  |  | ☐ Yes                       |
| Lessor's name:  |  | □ No                        |
| Description of leased<br>Property:  |  | ☐ Yes                       |
| Lessor's name:  |  | □ No                        |
| Description of leased<br>Property:  |  | ☐ Yes                       |
| _essor's name:  |  | □ No                        |
| Description of leased<br>Property:  |  | ☐ Yes                       |
| Lessor's name:<br>Description of leased   |  | □ No                        |
| Property:   |  | ☐ Yes                       |
| Part 3: Sign Below  |  |                             |
| Inder penalty of perjury, I declare that I hav<br>property that is subject to an unexpired leas | e indicated my intention about any property of my estate that secu<br>se.  | res a debt and any personal |
| X /s/ Denise J Mattei   | X  |                             |
| Denise J Mattei<br>Signature of Debtor 1  | Signature of Debtor 2  |                             |
| Date March 29, 2017   | Date   |                             |

Official Form 108

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par   | rt 1:              | Identify Yourself  |   |                         |                          |
|---|--------------------|--|---|-------------------------|--------------------------|
|   | ,                  |  | About Debtor 1:                                 | About Debtor 2 (Spous   | e Only in a Joint Case): |
| 1.  | You                | r full name  |   |                         |                          |
| Write the name that is your government-issu picture identification (iexample, your driver's license or passport). |                    | government-issued<br>ire identification (for<br>nple, your driver's                                    | Denise First name                               | First name              |                          |
|   |                    |  | Middle name                                     | Middle name             |                          |
|   | iden               | g your picture<br>tification to your meeting<br>the trustee.   | Mattei Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (S | r., Jr., II, III)        |
| 2.  |                    | other names you have<br>d in the last 8 years  |   |                         |                          |
|   |                    | ide your married or<br>den names.  |   |                         |                          |
| 3.  | you<br>num<br>Indi | r the last 4 digits of<br>r Social Security<br>iber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-6208                                     |                         |                          |

| De | btor 1 Mattei, Denise J   |   | Case number (if known)  |  |  |
|----|---|---|---|--|--|
|    |   |   |   |  |  |
|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)  |  |  |
|    |   | EINs  | EINs  |  |  |
| 5. | Where you live  | 377 Adelaide Ave  | If Debtor 2 lives at a different address:   |  |  |
|    |   | Staten Island, NY 10306-5329  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
|    |   | Richmond<br>County  | County  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|    |   |   |   |  |  |

| Deb | otor 1 Mattei, Denise J   |   |  |  |                                      | Case number          | (if known)                                |  |
|-----|---|---|--|--|--------------------------------------|----------------------|---|--|
|     |   |   |  |  | _                                    |                      |   |  |
| Par | Tell the Court About  | our Bankrupto   | cy Case  |  |                                      |                      |   |  |
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |  |                                      |                      |   |  |
|     | choosing to file under  | ■ Chapter 7   |  |  |                                      |                      |   |  |
|     |   | ☐ Chapter 1   | 1  |  |                                      |                      |   |  |
|     |   | ☐ Chapter 12  | 2  |  |                                      |                      |   |  |
|     |   | ☐ Chapter 13  | 3  |  |                                      |                      |   |  |
| 8.  | How you will pay the fee  | about he  | will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for me bout how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, c your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check wire-printed address. |  |                                      |                      | check, or money order.                    |  |
|     |   |   |  |  |                                      | ption, sign and atta | ch the <i>Application for Ir</i>          | ndividuals to Pay The                              |
|     |   | ☐ I reques  | st that my fee<br>iired to, waive y  | our fee, and may do so                           | request this op<br>o only if your in | come is less than 1  | 50% of the official pove                  | law, a judge may, but is erty line that applies to |
|     |   |   |  | u are unable to pay the<br>Filing Fee Waived (Of |                                      |                      | e this option, you must<br>your petition. | fill out the <i>Application</i>                    |
| 9.  | Have you filed for  | ■ No.   |  |  |                                      |                      |   |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes.  |  |  |                                      |                      |   |  |
|     | ,   |   | strict   |  | When                                 |                      | Case number                               |  |
|     |   | Dis   | strict   |  | When                                 |                      | Case number                               |  |
|     |   | Dis   | strict   |  | When                                 |                      | Case number                               |  |
| 10. | Are any bankruptcy cases pending or being filed by  | ■ No  |  |  |                                      |                      |   |  |
|     | a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate? | ☐ Yes.  |  |  |                                      |                      |   |  |
|     |   | De  | ebtor  |  |                                      | F                    | Relationship to you                       |  |
|     |   | Dis   | strict   |  | When                                 | 0                    | Case number, if known                     |  |
|     |   | De  | ebtor  |  |                                      |                      | Relationship to you                       |  |
|     |   | Dis   | strict   |  | When                                 | (                    | Case number, if known                     |  |
| 11. | Do you rent your  | ■ No.   | So to line 12.   |  |                                      |                      |   |  |
|     | residence?  | ☐ Yes. H  | las your landlor   | rd obtained an eviction                          | judgment agai                        | nst you and do you   | want to stay in your res                  | sidence?   |
|     |   |   | No. Go   | to line 12.                                      |                                      |                      |   |  |
|     |   | Г   |  | out <i>Initial Statement A</i><br>tcy petition.  | bout an Evictio                      | on Judgment Again    | s <i>t You</i> (Form 101A) ar             | nd file it with this                               |

| Deb  | tor 1 Mattei, Denise J  |                     |  |  | Case number (if known)  |  |  |  |  |
|--|---|---------------------|--|--|---|--|--|--|--|
| Part   | Report About Any Bus  | sinesses \          | 'ou Own  | as a Sole Proprieto                            | or  |  |  |  |  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No. Go to Part 4. |  |  |   |  |  |  |  |
|  |   | ☐ Yes.              | ☐ Yes. Name and location of business   |  |   |  |  |  |  |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |   |                     |  |  |   |  |  |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach it                                   |                     | Numb   | er, Street, City, Stat                         | e & ZIP Code  |  |  |  |  |
|  | to this petition.   |                     | Chec   | k the appropriate box                          | to describe your business:  |  |  |  |  |
|  |   |                     |  | Health Care Busin                              | ess (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|  |   |                     |  | Single Asset Real                              | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |
|  |   |                     |  | Stockbroker (as de                             | efined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|  |   |                     |  | Commodity Broker                               | (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |
|  |   |                     |  | None of the above                              |   |  |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?             | deadlines           | . If you in  | dicate that you are a<br>low statement, and fe | ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11 |  |  |  |  |
|  | For a definition of small   | ■ No.               | I am r   | not filing under Chap                          | ter 11.   |  |  |  |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.               | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupt Code. |  |   |  |  |  |  |
|  |   | ☐ Yes.              | I am f   | iling under Chapter                            | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |  |
| Part   | t 4: Report if You Own or   | Have Any            | Hazardo  | us Property or Any                             | Property That Needs Immediate Attention   |  |  |  |  |
| 14.  | Do you own or have any  | ■ No.               |  |  |   |  |  |  |  |
|  | property that poses or is<br>alleged to pose a threat of<br>imminent and identifiable<br>hazard to public health or | ☐ Yes.              | What is  | the hazard?                                    |   |  |  |  |  |
|  | safety? Or do you own<br>any property that needs<br>immediate attention?  |                     |  | liate attention is why is it needed?           |   |  |  |  |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                     | Where is   | s the property?                                | Number, Street, City, State & Zip Code  |  |  |  |  |
|  |   |                     |  |  |   |  |  |  |  |

Debtor 1 Mattei, Denise J Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

П Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Debtor 1 Mattei, Denise J Case number (if known) |  |                            |  |  |   |  |  |  |
|--|--|----------------------------|--|--|---|--|--|--|
| Par  | 6: Answer These Question                                       | ons for Repo               | rting Purposes   |  |   |  |  |  |
| 16.  | What kind of debts do you have?                                |                            | re your debts primarily consum<br>dividual primarily for a personal, fa  | ner debts? Consumer debts are defined in amily, or household purpose."                       | n 11 U.S.C.§ 101(8) as "incurred by an  |  |  |  |
|  |  |                            | No. Go to line 16b.  |  |   |  |  |  |
|  |  |                            | Yes. Go to line 17.  |  |   |  |  |  |
|  |  |                            | <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |  |
|  |  |                            | No. Go to line 16c.  |  |   |  |  |  |
|  |  |                            | Yes. Go to line 17.  |  |   |  |  |  |
|  |  | 16c. St                    | ate the type of debts you owe that   | are not consumer debts or business debts   | <del></del>   |  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No. I a                  | am not filing under Chapter 7. Go  | to line 18.  |   |  |  |  |
|  | Do you estimate that after any exempt property is excluded and |                            | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?          |  |   |  |  |  |
|  | administrative expenses are paid that funds will be            |                            | l <sub>No</sub>  |  |   |  |  |  |
|  | available for distribution to unsecured creditors?             |                            | □ Yes  |  |   |  |  |  |
| 18.  | How many Creditors do you estimate that you owe?               | <b>■</b> 1-49              |  | <b>1</b> ,000-5,000  | ☐ 25,001-50,000   |  |  |  |
|  |  | □ 50-99                    |  | ☐ 5001-10,000  | 50,001-100,000  |  |  |  |
|  |  | □ 100-199<br>□ 200-999     |  | □ 10,001-25,000  | ☐ More than100,000  |  |  |  |
| 19.  | How much do you  | □ \$0 - \$50,0             | 000  | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |
|  | estimate your assets to be worth?                              | <b>□</b> \$50,001 -        |  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|  |  | \$100,001                  |  | \$50,000,001 - \$100 million   | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |
|  |  | <b>■</b> \$500,001         | 500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion   |  |   |  |  |  |
| 20.  | How much do you  | □ \$0 - \$50,0             | 000  | □ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|  | estimate your liabilities to be?                               | □ \$50,001                 | - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|  | DC:  | <b>\$100,001</b>           | * /  | \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion   |  |  |  |
|  |  | □ \$500,001                | - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |
| Par  | 7: Sign Below  |                            |  |  |   |  |  |  |
| For  | you  | I have exami               | ned this petition, and I declare und   | der penalty of perjury that the information p  | rovided is true and correct.  |  |  |  |
|  |  |                            | sen to file under Chapter 7, I am<br>. I understand the relief available u   | er Chapter 7, 11,12, or 13 of title 11, United and under Chapter 7.                          |   |  |  |  |
|  |  |                            | represents me and I did not pay d and read the notice required by  | or agree to pay someone who is not an atto 11 U.S.C. § 342(b).                               | rney to help me fill out this document, I   |  |  |  |
|  |  | ·                          | equest relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |   |  |  |  |
|  |  |                            | sult in fines up to \$250,000, or imp  | aling property, or obtaining money or proper<br>orisonment for up to 20 years, or both. 18 U | rty by fraud in connection with a bankruptcy I.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
|  |  | Denise J N<br>Signature of | Mattei   | Signature of Debtor 2  |   |  |  |  |
|  |  | Executed on                |  | Executed on  |   |  |  |  |
|  |  |                            | MM / DD / YYYY   | MM / DI  | D/YYYY  |  |  |  |

| Debtor 1 Mattei, Denise J   | Case number (if known)                              |                            |  |  |  |
|---|---|----------------------------|--|--|--|
|   |   |                            |  |  |  |
| For your attorney, if you are represented by one                                    | Chapter 7, 11, 12, or 13 of title 11, United States | Code, and have explained t | ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the se required by 11 U.S.C. § 342(b) and, in a case in |  |  |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. | which § 707(b)(4)(D) applies, certify that I have n |                            | y that the information in the schedules filed with the   |  |  |
|   | /s/ Kevin Zazzera                                   | Date                       | March 29, 2017   |  |  |
|   | Signature of Attorney for Debtor                    |                            | MM / DD / YYYY   |  |  |
|   | Kevin Zazzera                                       |                            |  |  |  |
|   | Printed name  |                            |  |  |  |
|   | Kevin B. Zazzera, Esq.                              |                            |  |  |  |
|   | Firm name   |                            |  |  |  |
|   | 182 Rose Ave Ste 3                                  |                            |  |  |  |
|   | Staten Island, NY 10306-2900                        |                            |  |  |  |
|   | Number, Street, City, State & ZIP Code              |                            | _  |  |  |
|   | Contact phone                                       | Email address              | kzazz007@yahoo.com   |  |  |
|   | Bar number & State                                  |                            | <u></u>  |  |  |
|   | Dai number a otate                                  |                            |  |  |  |

|  | Denise J Mat   | Hoi                    | _   |  |  |
|--|--|------------------------|---|--|--|
| Debtor 1                                   | First Name   |                        | e Name Last Name  |  |  |
| Debtor 2<br>(Spouse, if filing)            | First Name   | Middle                 | e Name Last Name  |  |  |
|  | inkruptcy Court for t  |                        | DISTRICT OF NEW YORK, BROOKLYN DIVIS  | SION   |  |
| Officed States Da                          | ilikiupicy Court for t   | IIIe. LASTEINI         | DISTRICT OF NEW YORK, BROOKETH DIVE   | 31014  |  |
| Case number _                              |  |                        |   |  | ☐ Check if this is an<br>amended filing  |
| Official Ea                                | rm 1061/P  |                        |   |  |  |
|  | orm 106A/B   |                        |   |  |  |
|  | e A/B: Pr  | <u> </u>               | an asset only once. If an asset fits in more than or  |  | 12/15  |
|  | Each Residence, Bu   |                        | her Real Estate You Own or Have an Interest In  |  |  |
| 1. Do you own or h                         | have any legal or equ  | iitable interest in ai | ny residence, building, land, or similar property?  |  |  |
| ☐ No. Go to Par                            | rt 2.  |                        |   |  |  |
| Yes. Where is                              | s the property?  |                        |   |  |  |
|  |  |                        |   |  |  |
|  |  |                        |   |  |  |
| 1.1  |  |                        | What is the property? Check all that apply  |  |  |
|  |  |                        | What is the property? Check all that apply  Gingle-family home  |  | cured claims or exemptions. Put  |
| 377 Adela                                  |  | cription               | _   | the amount of any  | cured claims or exemptions. Put<br>secured claims on Schedule D:<br>ve Claims Secured by Property.   |
|  | aide Ave<br>if available, or other desc  | cription               | Single-family home  | the amount of any  | secured claims on Schedule D:  |
| 377 Adela<br>Street address,               | if available, or other desc  |                        | <ul> <li>☐ Single-family home</li> <li>☐ Duplex or multi-unit building</li> <li>☐ Condominium or cooperative</li> <li>☐ Manufactured or mobile home</li> </ul>  | the amount of any  | secured claims on Schedule D:<br>ve Claims Secured by Property.  |
| 377 Adela<br>Street address,               | if available, or other description   | 10306-5329             | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land  | the amount of any Creditors Who Ha  Current value of entire property?  | secured claims on Schedule D: ve Claims Secured by Property.  the Current value of the portion you own?  |
| 377 Adela<br>Street address,               | if available, or other desc  |                        | <ul> <li>☐ Single-family home</li> <li>☐ Duplex or multi-unit building</li> <li>☐ Condominium or cooperative</li> <li>☐ Manufactured or mobile home</li> </ul>  | Current value of entire property?  | the Current value of the portion you own?  5. Secured by Property.   |
| 377 Adela<br>Street address,               | if available, or other description   | 10306-5329             | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property  | Current value of entire property?  \$536,000  Describe the natu (such as fee sim)                                | the Current value of the portion you own?  0.00 \$536,000.00  ure of your ownership interest ple, tenancy by the entireties, or  |
| 377 Adela<br>Street address,               | if available, or other description   | 10306-5329             | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one   | Current value of entire property?  \$536,000  Describe the natt (such as fee simple a life estate), if kills.    | the Current value of the portion you own?  0.00 \$536,000.00  ure of your ownership interest ple, tenancy by the entireties, or  |
| 377 Adela<br>Street address,               | if available, or other description of the state of the st | 10306-5329             | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only   | Current value of entire property?  \$536,000  Describe the nate (such as fee simple)                             | the Current value of the portion you own?  0.00 \$536,000.00  ure of your ownership interest ple, tenancy by the entireties, or  |
| 377 Adela Street address, Staten Isla City | if available, or other description of the state of the st | 10306-5329             | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only   | Current value of entire property?  \$536,000  Describe the natt (such as fee simple a life estate), if kills.    | the Current value of the portion you own?  0.00 \$536,000.00  ure of your ownership interest ple, tenancy by the entireties, or nown.                                  |
| 377 Adela Street address, Staten Isla City | if available, or other description of the state of the st | 10306-5329             | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only   | Current value of entire property?  \$536,000  Describe the natt (such as fee simple a life estate), if kills.    | the Current value of the portion you own?  5.36,000.00  4.536,000.00  4.536,000.00  4.536,000.00  4.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00 |
| 377 Adela Street address, Staten Isla City | if available, or other description of the state of the st | 10306-5329             | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ☐ Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | Current value of entire property? \$536,000  Describe the natt (such as fee simple a life estate), if kn  JTWROS | the Current value of the portion you own?  5.36,000.00  4.536,000.00  4.536,000.00  4.536,000.00  4.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00 |
| 377 Adela Street address, Staten Isla City | if available, or other description of the state of the st | 10306-5329             | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other ■ Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another  Other information you wish to add about this in | Current value of entire property? \$536,000  Describe the natt (such as fee simple a life estate), if kn  JTWROS | the Current value of the portion you own?  5.36,000.00  4.536,000.00  4.536,000.00  4.536,000.00  4.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00 |
| 377 Adela Street address, Staten Isla City | if available, or other description of the state of the st | 10306-5329             | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this is property identification number:  | Current value of entire property? \$536,000  Describe the natt (such as fee simple a life estate), if kn  JTWROS | the Current value of the portion you own?  5.36,000.00  4.536,000.00  4.536,000.00  4.536,000.00  4.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00  5.536,000.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Deb         | otor 1 Mattei, Denise J   |   | Case number (if known)           |   |
|-------------|---|---|----------------------------------|---|
| 3. <b>C</b> | cars, vans, trucks, tractors, sport utility   | vehicles, motorcycles   |                                  |   |
| _           | ] No  |   |                                  |   |
|             | I Yes   |   |                                  |   |
| _           | Yes   |   |                                  |   |
| 3.1         | 1 Make: <b>Jeep</b>   | Who has an interest in the property? Check one                                  | Do not deduct secured            | claims or exemptions. Put   |
| 5.1         | Model: Wrangler   | Debtor 1 only   |                                  | ured claims on Schedule D: laims Secured by Property.                             |
|             | Year: <b>2005</b>   | Debtor 2 only   | Current value of the             | Current value of the  |
|             | Approximate mileage: 80000  |   | entire property?                 | portion you own?  |
|             | Other information:  | At least one of the debtors and another   |                                  |   |
|             |   | Check if this is community property (see instructions)                          | \$5,700.00                       | \$5,700.00  |
| 5 /         | No Yes  Add the dollar value of the portion you   | own for all of your entries from Part 2, including                              | any entries for pages            | \$5,700.00  |
| .)          | you have attached for Part 2. Write that  | number here   | =>                               | Ψ3,7 00.00  |
| Part        | t 3: Describe Your Personal and Household   | d Items   |                                  |   |
|             | you own or have any legal or equitable  |   |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|             | <b>lousehold goods and furnishings</b><br><i>Exampl</i> es: Major appliances, furniture, liner<br>☑ No                  | ns, china, kitchenware  |                                  |   |
|             | Yes. Describe   |   |                                  |   |
|             | furniture   |   |                                  | \$1,000.00  |
| I           | Electronics  Examples: Televisions and radios; audio, viincluding cell phones, cameras  No  Yes. Describe               | deo, stereo, and digital equipment; computers, printe<br>, media players, games | ers, scanners; music collection  | s; electronic devices   |
| <i>I</i>    | Collectibles of value  Examples: Antiques and figurines; paintings collections, memorabilia, collect  No  Yes. Describe | s, prints, or other artwork; books, pictures, or other a<br>ctibles             | rt objects; stamp, coin, or base | eball card collections; other   |
|             | Equipment for sports and hobbies  Examples: Sports, photographic, exercise, a instruments                               | and other hobby equipment; bicycles, pool tables, go                            | lf clubs, skis; canoes and kaya  | ıks; carpentry tools; musical   |
| _           | ☐ Yes. Describe   |   |                                  |   |
| ı           | Firearms  Examples: Pistols, rifles, shotguns, ammo   | unition, and related equipment  |                                  |   |
| L           | ☐ Yes. Describe   |   |                                  |   |
|             | Clothes  Examples: Everyday clothes, furs, leather  □ No  | coats, designer wear, shoes, accessories  |                                  |   |

| Debt | tor 1         | Mattei                              | , Denis    | e J        |  |   | Case number (if known)                 |   |
|------|---------------|-------------------------------------|------------|------------|--|---|--|---|
|      | Yes.          | Describe.                           |            | clothe     | s  |   |  | \$300.00  |
| _    | No            |                                     |            | Iry, costi | ume jewelry, engagement i                  | rings, wedding rings, heirlo                                | om jewelry, watches, gems, gold,       | silver  |
|      | Examp<br>I No | rm anima<br>oles: Dogs<br>Describe. | , cats, bi | rds, hors  | es   |   |  |   |
|      | No            | her perso                           |            |            | -  | ready list, including any l                                 | health aids you did not list           |   |
| 15.  |               |                                     |            | •          | our entries from Part 3,                   | 0 5   | pages you have attached for            | \$1,300.00  |
|      |               | scribe You<br>In or have            |            |            | s<br>uitable interest in any o             | f the following?  |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|      | Examp<br>] No |                                     |            |            | r wallet, in your home, in a               |   | nand when you file your petition  cash | \$50.00   |
|      |               |                                     | king, sav  |            |  | ertificates of deposit; share the same institution, list ea | es in credit unions, brokerage hou     | ses, and other similar  |
|      |               |                                     |            |            |  | Institution name:   |  |   |
|      |               |                                     |            | 17.1.      | Savings Account                            | Santander Bank  |  | \$5.00  |
|      |               |                                     |            | 17.2.      | Checking Account                           | Santander Bank  |  | \$20.00   |
|      |               |                                     |            | 17.3.      | Savings Account                            | Allegacy  |  | \$0.00  |
|      |               |                                     |            |            | / traded stocks It accounts with brokerage | e firms, money market acco                                  | unts                                   |   |
|      |               |                                     |            |            | Institution or issuer name                 | :   |  |   |
| •    | joint v       | enture                              |            |            | nterests in incorporated                   | and unincorporated bus                                      | inesses, including an interest         | in an LLC, partnership, and   |

| De  | ebtor 1                | Mattei, Denise J  | Case number   | (if known)  |
|-----|------------------------|---|---|---|
| 20. | Negot<br>Non-n         |   | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |   |
|     | ■ No<br>□ Yes.         | Give specific information about them<br>Issuer name:  |   |   |
| 21. |                        | nent or pension accounts bles: Interests in IRA, ERISA, Keogh, 401(k),  | 403(b), thrift savings accounts, or other pension or profit   | -sharing plans  |
|     | ☐ Yes.                 | List each account separately.  Type of account:   | Institution name:   |   |
| 22. | Your s                 |   | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications of                          | ompanies, or others   |
|     |                        |   | Institution name or individual:   |   |
| 23. | Annuit                 | ies (A contract for a periodic payment of mone  | ey to you, either for life or for a number of years)  |   |
|     | ☐ Yes                  | Issuer name and description.  |   |   |
| 24. |                        | ts in an education IRA, in an account in a c<br>C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | qualified ABLE program, or under a qualified state tuit   | ion program.  |
|     | ☐ Yes                  | Institution name and description  | on. Separately file the records of any interests.11 U.S.C. §  | 521(c):   |
| 25. | ■ No                   | equitable or future interests in property (   | other than anything listed in line 1), and rights or pow  | rers exercisable for your benefit   |
| 26. | Exam                   | s, copyrights, trademarks, trade secrets, a<br>oles: Internet domain names, websites, procee                                    |   |   |
|     | ■ No<br>□ Yes.         | Give specific information about them  |   |   |
| 27. | Exam <sub>l</sub> ■ No | es, franchises, and other general intangibles: Building permits, exclusive licenses, coop  Give specific information about them | les<br>perative association holdings, liquor licenses, professional   | licenses  |
|     |                        | ·   |   | •   |
| IVI | oney or                | property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref                | funds owed to you   |   |   |
|     |                        | Give specific information about them, includin  | g whether you already filed the returns and the tax years   |   |
| 29. | Examp<br>■ No          | , , , ,   | support, child support, maintenance, divorce settlement,  | property settlement   |
|     | ⊔ Yes.                 | Give specific information   |   |   |
| 30. |                        | amounts someone owes you  bles: Unpaid wages, disability insurance payme  unpaid loans you made to someone els                  | ents, disability benefits, sick pay, vacation pay, workers' co<br>e   | ompensation, Social Security benefits;  |
|     |                        | Give specific information   |   |   |

| D   | ebtor 1           | Mattei, Denise J  | Case number (if known)                           |                              |
|-----|-------------------|---|--|------------------------------|
| 31  | Examp             | ets in insurance policies<br>oles: Health, disability, or life insurance; health savings account (H                                   | HSA); credit, homeowner's, or renter's insurance |                              |
|     | ■ No              |   |  |                              |
|     | ☐ Yes.            | Name the insurance company of each policy and list its value.  Company name:  | Beneficiary:                                     | Surrender or refund value:   |
| 32  | If you a<br>died. | terest in property that is due you from someone who has dia<br>are the beneficiary of a living trust, expect proceeds from a life ins |  | property because someone has |
|     | ■ No              |   |  |                              |
|     | ☐ Yes.            | Give specific information   |  |                              |
| 33  |                   | against third parties, whether or not you have filed a lawsupples: Accidents, employment disputes, insurance claims, or right         |  |                              |
|     |                   | Describe each claim   |  |                              |
| 34  | . Other c         | contingent and unliquidated claims of every nature, including   | ng counterclaims of the debtor and rights to s   | et off claims                |
|     |                   | Describe each claim   |  |                              |
| 35  | _                 | nancial assets you did not already list   |  |                              |
|     | ■ No              |   |  |                              |
|     | ☐ Yes.            | Give specific information   |  |                              |
| 30  |                   | the dollar value of all of your entries from Part 4, including a<br>4. Write that number here   |  | \$75.00                      |
| P   | art 5: Des        | sscribe Any Business-Related Property You Own or Have an Interes  | t In. List any real estate in Part 1.            |                              |
| 37. | Do you o          | own or have any legal or equitable interest in any business-related   | property?  |                              |
|     | ■ No. Go          | o to Part 6.  |  |                              |
|     | ☐ Yes. G          | Go to line 38.  |  |                              |
|     |                   |   |  |                              |
| P   |                   | escribe Any Farm- and Commercial Fishing-Related Property You O<br>rou own or have an interest in farmland, list it in Part 1.        | wn or Have an Interest In.                       |                              |
| 46  | _                 | own or have any legal or equitable interest in any farm- or   | commercial fishing-related property?             |                              |
|     |                   | Go to Part 7.   |  |                              |
|     | ☐ Yes.            | s. Go to line 47.   |  |                              |
| P   | art 7:            | Describe All Property You Own or Have an Interest in That You D   | old Not List Above                               |                              |
| 53  |                   | have other property of any kind you did not already list?  bles: Season tickets, country club membership                              |  |                              |
|     | ■ No              |   |  |                              |
|     | ☐ Yes.            | Give specific information   |  |                              |
| 5   | 4. Add t          | the dollar value of all of your entries from Part 7. Write that I   | number here                                      | \$0.00                       |

| Debtor         | 1 Mattei, Denise J  |   |            | Case number (if known)       |              |
|----------------|---|---|------------|------------------------------|--------------|
| Part 8:        | List the Totals of Each Part of this Form                   |   |            |                              |              |
| 55. <b>P</b> a | art 1: Total real estate, line 2                            |   |            |                              | \$536,000.00 |
| 56. <b>P</b> a | art 2: Total vehicles, line 5                               |   | \$5,700.00 |                              | _            |
| 57. <b>P</b> a | art 3: Total personal and household items, line 15          |   | \$1,300.00 |                              |              |
| 58. <b>P</b> a | art 4: Total financial assets, line 36                      |   | \$75.00    |                              |              |
| 59. <b>P</b> a | art 5: Total business-related property, line 45             |   | \$0.00     |                              |              |
| 60. <b>P</b> a | art 6: Total farm- and fishing-related property, line 52    |   | \$0.00     |                              |              |
| 61. <b>P</b> a | art 7: Total other property not listed, line 54             | + | \$0.00     |                              |              |
| 62. <b>T</b> o | otal personal property. Add lines 56 through 61             |   | \$7,075.00 | Copy personal property total | \$7,075.00   |
| 63. <b>T</b> o | otal of all property on Schedule A/B. Add line 55 + line 62 |   |            |                              | \$543,075.00 |

|                      |   | Case 1-17-4148  | 86-ess Doc 1 F   | Filed 03/30/17 Entered 03/                 | /30/17 10:15:50   |
|----------------------|---|---|--|--|---|
| Fil                  | l in this inforn  | nation to identify your o   | case:  |  |   |
| De                   | ebtor 1   | Denise J Mattei   |  |  |   |
|                      |   | First Name  | Middle Name  | Last Name                                  | . }   |
| 1 -                  | ebtor 2<br>ouse if, filing)   | First Name  | Middle Name  | Last Name                                  |   |
| Un                   | nited States Ba   | nkruptcy Court for the:   | EASTERN DISTRICT OF  | NEW YORK, BROOKLYN DIVISION                |   |
|                      | ase number _<br>nown)   |   |  |  | Check if this is an amended filing  |
| O                    | fficial Fo  | rm 106C   |  |  |   |
| S                    | chedul  | <br>e C: The Pro  | perty You Cl   | laim as Exempt                             | 4/16  |
| For spe app fun to a | and attach to the wn).  Teach item of ecific dollar and blicable statuted by the way be upon and and and and and and and and and an | property you claim as en<br>nount as exempt. Altern<br>ory limit. Some exempti<br>nlimited in dollar amou | exempt, you must specify the latively, you may claim the lons—such as those for he lont. However, if you claim a | ealth aids, rights to receive certain bene | ges, write your name and case number (if  One way of doing so is to state a eing exempted up to the amount of any efits, and tax-exempt retirement ue under a law that limits the exemption |
|                      |   | y the Property You Cla  | im as Exempt   |  |   |
| 1.                   | Which set of  | exemptions are you cla  | aiming? Check one only, ev   | ven if your spouse is filing with you.     |   |
|                      | You are cla   | aiming state and federal n  | onbankruptcy exemptions.   | 11 U.S.C. § 522(b)(3)                      |   |
|                      | ☐ You are cla   | aiming federal exemptions   | s. 11 U.S.C. § 522(b)(2)   |  |   |
| 2.                   | For any prop  | perty you list on Schedu  | ule A/B that you claim as e  | exempt, fill in the information below.     |   |
|                      |   | on of the property and line that lists this property  | c on Current value of the portion you own  Copy the value from Schedule A/B                                      | . ,  | Specific laws that allow exemption  |

| Schedule A/B that lists this property                                    | Current value of the<br>portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption      |
|--|---|-----|---|---|
|  | Copy the value from<br>Schedule A/B     | Che | eck only one box for each exemption.                            |   |
| 377 Adelaide Ave   | \$536,000.00                            |     | \$160,000.00  | N.Y. Civ. Prac. Law and Rules § 5206(a) |
| Staten Island NY, 10306-5329 County: Richmond Line from Schedule A/B 1.1 |   |     | 100% of fair market value, up to any applicable statutory limit | 3 0200(11)                              |
| Jeep<br>Wrangler   | \$5,700.00                              |     | \$4,425.00  | N.Y. Debt & Cred. Law § 282(1)          |
| 2005<br>80000<br>Line from Schedule A/B: 3.1                             |   |     | 100% of fair market value, up to any applicable statutory limit | 202(1)                                  |
| furniture  | \$1,000.00                              |     |   | N.Y. Civ. Prac. Law and Rules           |
| Line from Schedule A/B. 6.1  |   |     | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5)                            |
| clothes  | \$300.00                                |     |   | N.Y. Civ. Prac. Law and Rules           |
| Line from Schedule A/B: 11.1   |   |     | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(5)                            |
| cash   | \$50.00                                 |     |   | N.Y. Civ. Prac. Law and Rules           |
| Line from Schedule A/B. 16.1   |   |     | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(9)                            |
|  |   |     |   |   |

Official Form 106C

|    | Brief description of the property and line on Schedule A/B that lists this property  Current value of the Amount of the portion you own |                                  | ount of the exemption you claim | Specific laws that allow exemption                              |   |  |
|----|---|----------------------------------|---------------------------------|---|---|--|
|    |   | Copy the value from Schedule A/B | Che                             | ck only one box for each exemption.                             |   |  |
|    | Santander Bank Line from Schedule A/B 17.1  | \$5.00                           |                                 |   | N.Y. Civ. Prac. Law and Rules<br>§ 5205(a)(9) |  |
|    | Line non Schedule A/L 11.1  |                                  |                                 | 100% of fair market value, up to any applicable statutory limit | 3 3203(a)(3)                                  |  |
|    | Santander Bank  | \$20.00                          |                                 |   | N.Y. Civ. Prac. Law and Rules                 |  |
|    | Line from Schedule A/B: 17.2  |                                  |                                 | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(9)                                  |  |
|    | Allegacy  | \$0.00                           |                                 |   | N.Y. Civ. Prac. Law and Rules                 |  |
|    | Line from Schedule A/B: 17.3  |                                  |                                 | 100% of fair market value, up to any applicable statutory limit | § 5205(a)(9)                                  |  |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3   |                                  |                                 | on or after the date of adjustment.)                            |   |  |
|    | Yes. Did you acquire the property covered   | d by the exemption within        | า 1,21                          | 5 days before you filed this case?                              |   |  |
|    | □ No  |                                  |                                 |   |   |  |
|    | ☐ Yes   |                                  |                                 |   |   |  |

| Fill in this info                  | rmation to identify you                      | r case:   |             |  |  |                          |
|------------------------------------|--|---|-------------|--|--|--------------------------|
| Debtor 1                           | Denise J Mattei                              | •   |             |  |  |                          |
|                                    | First Name                                   | Middle Name Last N  | ame         |  | }  |                          |
| Debtor 2<br>(Spouse if, filing)    | First Name                                   | Middle Name Last N  | ame         |  |  |                          |
|                                    |  |   |             | 41.41.50.40.01   |  |                          |
| United States B                    | ankruptcy Court for the:                     | EASTERN DISTRICT OF NEW YORK  | , BROOM     | RLYN DIVISION  |  |                          |
| Case number                        |  |   |             |  |  |                          |
| (if known)                         |  |   |             |  | _  | if this is an            |
|                                    |  |   |             |  | amend  | led filing               |
| Official For                       | m 106D                                       |   |             |  |  |                          |
| Schedule                           | D: Creditors                                 | Who Have Claims Secu  | ured        | by Property  | V  | 12/15                    |
|                                    |  | If two married people are filing together, both<br>t, number the entries, and attach it to this forn  |             |  |  |                          |
| 1. Do any credito                  | rs have claims secured by                    | y your property?  |             |  |  |                          |
| ☐ No. Che                          | ck this box and submit th                    | is form to the court with your other schedule:  | s. You ha   | ave nothing else to rep                                | port on this form.                                 |                          |
| Yes. Fill                          | in all of the information b                  | elow.   |             |  |  |                          |
| Part 1: List                       | All Secured Claims                           |   |             |  |  |                          |
|                                    |  | more than one secured claim, list the creditor sep  |             | Column A   | Column B   | Column C                 |
| much as possible                   | , list the claims in alphabetic              | a particular claim, list the other creditors in Part 2 cal order according to the creditor 's name.   | 2. AS       | Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
| <sub>2.1</sub>   Wells Fa          | argo Home                                    | Describe the property that secures the clain  | n:          | \$249,849.00   | \$536,000.00                                       | \$0.00                   |
| Creditor's Na                      |  | Mortgage account on residence   |             | •                |  |                          |
|                                    |  |   |             |  |  |                          |
| PO Box                             |  | As of the date you file, the claim is: Check all  | that        |  |  |                          |
| Des Moi<br>50306-0                 | · ·  | apply.  Contingent  |             |  |  |                          |
|                                    | eet, City, State & Zip Code                  | ☐ Unliquidated  |             |  |  |                          |
|                                    |  | Disputed  |             |  |  |                          |
| Who owes the                       | debt? Check one.                             | Nature of lien. Check all that apply.   |             |  |  |                          |
| Debtor 1 only                      |  | ☐ An agreement you made (such as mortgage car loan)   | e or secur  | ed   |  |                          |
| ☐ Debtor 2 only                    | Dahtan O amb                                 |   | U\          |  |  |                          |
| Debtor 1 and                       | •  | ☐ Statutory lien (such as tax lien, mechanic's ☐ Judgment lien from a lawsuit   | iien)       |  |  |                          |
|                                    | f the debtors and another claim relates to a | ☐ Other (including a right to offset)   |             |  |  |                          |
| community                          |  | — Other (including a right to diset)  |             |  |  |                          |
| Date debt was in                   | curred 2009-10                               | Last 4 digits of account number   | 7695        |  |  |                          |
|                                    |  |   |             |  |  |                          |
| Add the dollar va                  | alue of your entries in Col                  | lumn A on this page. Write that number here:  |             | \$249,849  | .00  |                          |
|                                    |  | e dollar value totals from all pages.   |             | \$249,849  | _  |                          |
| Write that number                  | er nere:                                     |   |             | <b>42.0,0.0</b>  |  |                          |
| Part 2: List 0                     | thers to Be Notified for                     | r a Debt That You Already Listed  |             |  |  |                          |
| trying to collect than one credito | from you for a debt you o                    | e notified about your bankruptcy for a debt th<br>we to someone else, list the creditor in Part 1,<br>you listed in Part 1, list the additional credito<br>is page. | and then    | list the collection age                                | ency here. Similarly, if y                         | ou have more             |
|                                    | car or outsille til                          | F9  |             |  |  |                          |
|                                    | mber, Street, City, State & 2                | Zip Code  | On which    | line in Part 1 did you er                              | nter the creditor? 2.1                             |                          |
|                                    | argo Hm Mortgag<br>agecoach Cir              |   | l act 1 di~ | its of account number                                  | 7695   |                          |
|                                    | ck, MD 21701-4747                            |   | Lasi 4 ulg  | its of account number _                                | <u> 1000                                  </u>     |                          |

Official Form 106D

| Fill in this                                | information to identify your o  | case:                           |  |                                |   |
|---|---|---------------------------------|--|--------------------------------|---|
| Debtor 1                                    | Denise J Mattei   |                                 |  |                                | 7   |
|   | First Name  | Middle Name                     | Last Name                                  |                                |   |
| Debtor 2<br>(Spouse if, filing              | ng) First Name  | Middle Name                     | Last Name                                  |                                |   |
| (Spouse II, IIIII                           | ig) Filst Name  |                                 |  |                                |   |
| United Stat                                 | es Bankruptcy Court for the:  | EASTERN DISTRICT                | OF NEW YORK, BRC                           | OKLYN DIVISION                 |   |
| Case numb                                   | per   |                                 |  |                                |   |
| (if known)                                  |   |                                 |  |                                | ☐ Check if this is an   |
|   |   |                                 |  |                                | amended filing  |
| Official                                    | Form 106E/F   |                                 |  |                                |   |
|   | lle E/F: Creditors W  | ha Haya Uncaa                   | urad Claima                                |                                | 12/15   |
|   |   |                                 |  | 0 f                            | ONPRIORITY claims. List the other party to  |
| D: Creditors<br>the Continua<br>case number | Who Have Claims Secured by Pration Page to this page. If you have (if known). | operty. If more space is ne     | eded, copy the Part yo                     | u need, fill it out, number    | r secured claims that are listed in Schedule<br>the entries in the boxes on the left. Attach<br>additional pages, write your name and |
|   | List All of Your PRIORITY Una<br>creditors have priority unsecured            |                                 |  |                                |   |
|   | Go to Part 2.   | a ciainis against you!          |  |                                |   |
| _   | 30 to Part 2.   |                                 |  |                                |   |
| ☐ Yes.  Part 2:                             | List All of Your NONPRIORIT   | V Uneacured Claims              |  |                                |   |
|   |   |                                 |  |                                |   |
|   | creditors have nonpriority unsec  |                                 |  |                                |   |
| ⊔ No. `                                     | You have nothing to report in this pa   | art. Submit this form to the co | ourt with your other sche                  | dules.                         |   |
| Yes.  |   |                                 |  |                                |   |
| unsecur                                     |   | for each claim. For each cla    | im listed, identify what t                 | pe of claim it is. Do not list | ditor has more than one nonpriority claims already included in Part 1. If more claims fill out the Continuation Page of Part          |
|   |   |                                 |  |                                | Total claim   |
| 4.1 <b>Ba</b>                               | arclays Bank Delaware   | Last 4 digi                     | ts of account number                       | 2108                           | \$1,420.00  |
|   | npriority Creditor's Name   |                                 | 41 - 1-1-41 10                             | 0040.00                        | <u>. , ,</u>  |
| PC  | D Box 8801  | When was                        | the debt incurred?                         | 2010-03                        |   |
| _   | ilmington, DE 19899-8801  |                                 |  |                                |   |
|   | mber Street City State Zlp Code   |                                 | ate you file, the claim                    | s: Check all that apply        |   |
| Wh  | o incurred the debt? Check one.   |                                 |  |                                |   |
|   | Debtor 1 only   | ☐ Conting                       | ent  |                                |   |
|   | Debtor 2 only   | ☐ Unliquid                      | ated                                       |                                |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Dispute                       |  |                                |   |
|   | At least one of the debtors and and   |                                 | NPRIORITY unsecured                        | d claim:                       |   |
|   | Check if this claim is for a comm   |                                 |  |                                |   |
| del<br>Is t                                 | ot<br>he claim subject to offset?   |                                 | ons arising out of a sepa<br>iority claims | ration agreement or divorce    | that you did not  |
| _   | No  |                                 | ,  | g plans, and other similar de  | ebts  |
|   | Yes   |                                 |  | g plane, and other ominal de   |   |
| Ц   | res   | Other. S                        | Specify                                    |                                |   |

| Debto | Mattei, Denise J  |  | Case number (f know)                         |            |  |  |
|-------|---|--|--|------------|--|--|
| 4.2   | Capital One   | Last 4 digits of account number  | 5942   | \$2,635.00 |  |  |
|       | Nonpriority Creditor's Name   | When was the debt incurred?  | 2008-04                                      |            |  |  |
|       | PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i   |  |            |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims  | ration agreement or divorce that you did not |            |  |  |
|       | ■ No  | Debts to pension or profit-sharin  | g plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify   |  |            |  |  |
| 4.3   | Capital One   | Last 4 digits of account number  | 9350   | \$2,342.00 |  |  |
|       | Nonpriority Creditor's Name   | When was the debt incurred?  | 2011-04                                      |            |  |  |
| -     | PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i   |  |            |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   | ☐ Contingent                                 |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts |  |            |  |  |
|       | $\square$ At least one of the debtors and another   |  |  |            |  |  |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                                   |  |  |            |  |  |
|       | ■ No  |  |  |            |  |  |
|       | □Yes  | Other. Specify   |  |            |  |  |
| 4.4   | Capital One NA  | Last 4 digits of account number  | 1767   | \$1,590.00 |  |  |
|       | Nonpriority Creditor's Name   | When was the debt incurred?  | 2011-08                                      |            |  |  |
|       | PO Box 30258 Salt Lake City, UT 84130-0258  Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i   | s: Check all that apply                      |            |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |
|       | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sena  | ration agreement or divorce that you did not |            |  |  |
|       | Is the claim subject to offset?   | report as priority claims  | agreement of divorce that you did not        |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify   |  |            |  |  |

| Debto | Mattei, Denise J  |  | Case number (f know)   |            |
|-------|---|--|--|------------|
| 4.5   | Capital One Visa  | Last 4 digits of account number  | 7174   | \$1,800.00 |
|       | Nonpriority Creditor's Name   | When was the debt incurred?  |  |            |
|       | PO Box 71087 Charlotte, NC 28272-1087 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim   | s: Check all that apply  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:   |            |
|       |   | ☐ Student loans  | - O.d  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                             |  | ration agreement or divorce that you did not   |            |
|       | ■ No  | Debts to pension or profit-sharin  | g plans, and other similar debts   |            |
|       | Yes   |  | g plane, and other diffinal dobte  |            |
| 4.6   | Citibank/the Home Depot   | Last 4 digits of account number  | 3683   | \$5,538.00 |
|       | Nonpriority Creditor's Name   | When was the debt incurred?  | 2000.06  |            |
|       | PO Box 790040S<br>Louis, MO 63129   | when was the debt incurred?  | 2009-06  |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim   |  |            |
|       | Who incurred the debt? Check one.   |  |  |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |  |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                   |  |            |
|       | ■ No  | Debts to pension or profit-sharing   |  |            |
|       | Yes   | Other. Specify   |  |            |
| 4.7   | Comenity Bank Jessica London Nonpriority Creditor's Name  | Last 4 digits of account number  | 7175   | \$1,123.00 |
|       | Nonpholity Cication's Name  | When was the debt incurred?  | 2016-05  |            |
|       | PO Box 659728<br>San Antonio, TX 78265-9728   |  |  |            |
|       | Number Street City State ZIp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim   | s: Check all that apply  |            |
|       | _   |  |  |            |
|       | ■ Debtor 1 only   | Contingent   |  |            |
|       | Debtor 2 only   | Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                               |  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                             | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims |  |            |
|       | <u> </u>  | Debts to pension or profit-sharin  | a plane, and other similar debte   |            |
|       | ■ No  |  | א פונים אינים איני |            |
|       | ☐ Yes   | Other. Specify   |  |            |

| Debto | Mattei, Denise J  |   | Case number (f know)                         |            |
|-------|---|---|--|------------|
| 4.8   | Comenity Bank/Anniesez  Nonpriority Creditor's Name   | Last 4 digits of account number   | 4114   | \$3,370.00 |
|       | Nonpholity Creditor's Name  | When was the debt incurred?   | 1998-04                                      |            |
|       | PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply                      |            |
|       | Debtor 1 only   | ☐ Contingent  |  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:                                     |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims                   | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Revolving  | account 5856-3795-4215-7310                  |            |
| 4.9   | Comenity Bank/Anniesez  Nonpriority Creditor's Name   | Last 4 digits of account number   | 7310   | \$2,168.00 |
|       | Nonpriority Creditor's Name   | When was the debt incurred?   | 2011-11                                      |            |
|       | PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i  |  |            |
|       | Debtor 1 only   | ☐ Contingent  |  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |  |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims                     |  |            |
|       | ■ No  | Debts to pension or profit-sharin   |  |            |
|       | Yes   | Other. Specify  |  |            |
| 4.10  | Comenity Bank/Roamans   | Last 4 digits of account number   | 6113   | \$1,462.00 |
|       | Nonpriority Creditor's Name   | When was the debt incurred?   | 2013-01                                      |            |
|       | PO Box 182125   |   |  |            |
|       | Columbus, OH 43218-2125  Number Street City State Zlp Code  | <br>As of the date you file, the claim i  | a. Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | As of the date you me, the claim  | <b>5.</b> Спеск ан тат арргу                 |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |  |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |  |            |
|       | Is the claim subject to offset?   | report as priority claims   |  |            |
|       | No  | Debts to pension or profit-sharin   | g plans, and other similar debts             |            |
|       | ☐ Yes   | Other Specify   |  |            |

| Debto | <sup>1</sup> Mattei, Denise J   |   | Case number (f know)                         |            |
|-------|---|---|--|------------|
| 4.11  | Comenity Capital/Jjill Nonpriority Creditor's Name  | Last 4 digits of account number                               | 9419   | \$2,856.00 |
|       | Nonpriority Creditor's Name   | When was the debt incurred?                                   | 2011-02                                      |            |
|       | PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim i                          |  |            |
|       | Debtor 1 only   | ☐ Contingent  |  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | Debtor 1 and Debtor 2 only  | Disputed  |  |            |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                | i claim:                                     |            |
|       | ☐ Check if this claim is for a community debt   |   | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?   | report as priority claims                                     | ration agreement of divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin                             |  |            |
|       | Yes   | Other. Specify Revolving                                      | account                                      |            |
| 4.12  | DELL PREFERRED ACCOUNT  Nonpriority Creditor's Name   | Last 4 digits of account number                               | 9555   | \$3,388.00 |
|       |   | When was the debt incurred?                                   |  |            |
|       | PO Box 6403 Carol Stream, IL 60197-6403 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|       | Debtor 1 only   | ☐ Contingent  |  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | I claim:                                     |            |
|       | Check if this claim is for a community  | Student loans   |  |            |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims |  |            |
|       | ■ No  | Debts to pension or profit-sharin                             |  |            |
|       | Yes   | Other. Specify  |  |            |
| 4.13  | Dr Leonards/carol Wrig  | Last 4 digits of account number                               | 2A4A   | \$146.00   |
|       | Nonpriority Creditor's Name   | When was the debt incurred?                                   | 2015-03                                      |            |
|       | 1515 S 21st St  |   | 20.0 00                                      |            |
|       | Clinton, IA 52732-6676  Number Street City State Zlp Code  Who incurred the debt? Check one.                | As of the date you file, the claim is: Check all that apply   |  |            |
|       | Debtor 1 only   | ☐ Contingent  |  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Disputed  |  |            |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 |  |            |
|       | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a sepa           |  |            |
|       | Is the claim subject to offset?   | report as priority claims                                     |  |            |
|       | ■ No  | Debts to pension or profit-sharin                             | g pians, and other similar debts             |            |
|       | ☐ Yes   | Other Specify   |  |            |

| Debto | <sup>r 1</sup> Mattei, Denise J                                      |  | Case number (f know)  |            |  |
|-------|--|--|---|------------|--|
| 4.14  | Merrick Bank/Geico Card  Nonpriority Creditor's Name                 | Last 4 digits of account number                            | 5941  | \$2,249.00 |  |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                | 2014-04   |            |  |
|       | PO Box 23356   |  |   |            |  |
|       | Pittsburgh, PA 15222-6356  |  | Con Charles II short are the                                |            |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | s: Check all that apply                                     |            |  |
|       | _  |  |   |            |  |
|       | Debtor 1 only  | Contingent   |   |            |  |
|       | Debtor 2 only  | Unliquidated   |   |            |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsecure                               | d claim:  |            |  |
|       | Check if this claim is for a community                               | ☐ Student loans  |   |            |  |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not                |            |  |
|       | No   | Debts to pension or profit-sharin                          | a plane, and other similar debts                            |            |  |
|       |  | <u> </u>   |   |            |  |
|       | Yes  | Other. Specify   |   |            |  |
| 4.15  | Midland Funding - WEBBANK  | Last 4 digits of account number                            | 5111  | \$3,631.00 |  |
|       | Nonpriority Creditor's Name  | <del>_</del>   |   | . ,        |  |
|       | 0005 North aids Dr. 01- 000  | When was the debt incurred?                                | 2016-03   |            |  |
|       | 2365 Northside Dr Ste 300<br>San Diego, CA 92108-2709                |  |   |            |  |
|       | Number Street City State ZIp Code                                    | As of the date you file, the claim                         |   |            |  |
|       | Who incurred the debt? Check one.                                    |  |   |            |  |
|       | Debtor 1 only  | ☐ Contingent   |   |            |  |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                               | d claim:  |            |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |
|       | debt   | ☐ Obligations arising out of a sepa                        | ration agreement or divorce that you did not                |            |  |
|       | Is the claim subject to offset?                                      | report as priority claims                                  | ,   |            |  |
|       | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts                            |            |  |
|       | Yes  | Other. Specify CV-004350                                   |   |            |  |
|       | D. W. F. D   |  |   |            |  |
| 4.16  | Portfolio Recovery AssocMETABANK                                     | Last 4 digits of account number                            | 2462  | \$5,666.00 |  |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                | 2015 07   |            |  |
|       | PO Box 41067   | when was the dept incurred?                                | 2015-07   |            |  |
|       | Norfolk, VA 23541-1067   |  |   |            |  |
|       | Number Street City State ZIp Code                                    | As of the date you file, the claim                         | As of the date you file, the claim is: Check all that apply |            |  |
|       | Who incurred the debt? Check one.                                    |  |   |            |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |   |            |  |
|       | Debtor 2 only  | ☐ Unliquidated   |   |            |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |
|       | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                               |   |            |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |
|       | debt   | Obligations arising out of a sepa                          |   |            |  |
|       | Is the claim subject to offset?                                      | report as priority claims                                  |   |            |  |
|       | ■ No   | ☐ Debts to pension or profit-sharing                       | g plans, and other similar debts                            |            |  |
|       | ☐ Yes  | Other. Specify   |   |            |  |

| Debto | <sup>1</sup> Mattei, Denise J  |   | Case number (f know)                         |            |
|-------|--|---|--|------------|
| 4.17  | Portfolio Recovery- Citibank N A  Nonpriority Creditor's Name  | Last 4 digits of account number                               | 0749   | \$1,805.00 |
|       | Nonpholity Greator's Name  | When was the debt incurred?                                   | Unknown                                      |            |
|       | PO Box 41067 Norfolk, VA 23541-1067 Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|       | Debtor 1 only  | O continuent  |  |            |
|       | Debtor 2 only  | ☐ Contingent ☐ Unliquidated                                   |  |            |
|       | Debtor 2 only  Debtor 1 and Debtor 2 only  | <u> </u>  |  |            |
|       | •  | ☐ Disputed  Type of NONPRIORITY unsecured                     | l claim:                                     |            |
|       | At least one of the debtors and another  | Student loans   | r Claim.                                     |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                            |   | ration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|       | ☐ Yes  | ·   | • •  |            |
|       | ⊔ Yes  | Other. Specify <b>collection:</b>                             | Sears mastercard                             |            |
| 4.18  | Ross-Simons Nonpriority Creditor's Name  | Last 4 digits of account number                               | 1233   | \$2,280.00 |
|       | Honpholity creditor of Hamo  | When was the debt incurred?                                   |  |            |
|       | PO Box 105658 Atlanta, GA 30348-5658 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent  |  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 | l claim:                                     |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|       | Yes  | Other. Specify  |  |            |
| 4.19  | SKO Brenner American Inc Nonpriority Creditor's Name   | Last 4 digits of account number                               | 1155   | \$83.84    |
|       | Honpholity croation of Hamo  | When was the debt incurred?                                   |  |            |
|       | 40 Daniel St   |   |  |            |
|       | Farmingdale, NY 11735-1308  Number Street City State Zlp Code  | _<br>As of the date you file, the claim i                     | e. Chack all that annly                      |            |
|       | Who incurred the debt? Check one.  | As of the date you me, the claim                              | <b>5.</b> Спеск ан так арру                  |            |
|       | ■ Debtor 1 only  | ☐ Contingent  |  |            |
|       | Debtor 2 only  | ☐ Unliquidated  |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                 |  |            |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |
|       | debt   |   | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?  | report as priority claims                                     |  |            |
|       | No   | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|       | Yes  | Other Specify collection:                                     | proactiv solution                            |            |

| Debto | Mattei, Denise J   |   | Case number (if know)                |            |  |  |
|-------|--|---|--------------------------------------|------------|--|--|
| 4.20  | Synchrony Bank/Amazon Nonpriority Creditor's Name  | Last 4 digits of account number   | 1444                                 | \$2,461.00 |  |  |
|       | Nonpholity Creditor's Name   | When was the debt incurred?   | 2011-11                              |            |  |  |
|       | PO Box 965064 Orlando, FL 32896-5064 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i  |                                      |            |  |  |
|       | Debtor 1 only  | ☐ Contingent  |                                      |            |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |                                      |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                      |            |  |  |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | l claim:                             |            |  |  |
|       | $\square$ Check if this claim is for a community   | ☐ Student loans   |                                      |            |  |  |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims                 |                                      |            |  |  |
|       | ■ No   | Debts to pension or profit-sharin   | g plans, and other similar debts     |            |  |  |
|       | Yes  | Other. Specify  |                                      |            |  |  |
| 4.21  | Synchrony Bank/care credit Nonpriority Creditor's Name   | Last 4 digits of account number   | 5632                                 | \$3,810.00 |  |  |
|       | Honghony Ground o Name   | When was the debt incurred?   |                                      |            |  |  |
|       | PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply              |            |  |  |
|       | Debtor 1 only  | ☐ Contingent  |                                      |            |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |                                      |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                      |            |  |  |
|       | $\square$ At least one of the debtors and another  |   | Type of NONPRIORITY unsecured claim: |            |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |                                      |            |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                  |                                      |            |  |  |
|       | ■ No   | Debts to pension or profit-sharin   |                                      |            |  |  |
|       | Yes  | Other. Specify  |                                      |            |  |  |
| 4.22  | Synchrony Bank/Paypal Cr Nonpriority Creditor's Name   | Last 4 digits of account number   | 4012                                 | \$2,669.00 |  |  |
|       | PO Box 965064  | When was the debt incurred?   | 2011-05                              |            |  |  |
|       | Orlando, FL 32896-5064  Number Street City State Zlp Code  Who incurred the debt? Check one.             | As of the date you file, the claim i  | s: Check all that apply              |            |  |  |
|       | Debtor 1 only  | ☐ Contingent  |                                      |            |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |                                      |            |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                      |            |  |  |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   |                                      |            |  |  |
|       | ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |                                      |            |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |                                      |            |  |  |
|       | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts     |            |  |  |
|       | Yes  | Other. Specify  |                                      |            |  |  |

| Debto          | r 1 Mattei, Denise J  |  | Case number (f know)   |                               |
|----------------|---|--|--|-------------------------------|
| 4.23           | Synchrony Bank/Walmart  Nonpriority Creditor's Name   | Last 4 digits of account number  | 7694   | \$2,351.00                    |
|                | Nonpriority Creditor's Name   | When was the debt incurred?  | 2012-09  |                               |
|                | PO Box 965064 Orlando, FL 32896-5064 Number Street City State Zlp Code  | As of the date you file the claim  |  |                               |
|                | Who incurred the debt? Check one.   | As of the date you file, the claim   | тв. Спеск ан тат арру  |                               |
|                | ■ Debtor 1 only   | ☐ Contingent   |  |                               |
|                | Debtor 2 only   | ☐ Unliquidated   |  |                               |
|                | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |                               |
|                | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure   | ed claim:  |                               |
|                | ☐ Check if this claim is for a community  | ☐ Student loans  |  |                               |
|                | debt  | ☐ Obligations arising out of a sep   | aration agreement or divorce that you did  | not                           |
|                | Is the claim subject to offset?   | report as priority claims  |  |                               |
|                | No  | Debts to pension or profit-shari   | ng plans, and other similar debts  |                               |
|                | Yes   | Other. Specify   |  |                               |
|                |   |  |  | ,                             |
| Part 3         |   | •  |  |                               |
| is try<br>have | his page only if you have others to be notified<br>ring to collect from you for a debt you owe to so<br>more than one creditor for any of the debts the<br>ied for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection ag  | gency here. Similarly, if you |
|                | and Address   | On which entry in Part 1 or Part 2 did yo  | _  |                               |
|                | lays Bank Delaware<br>ox 8803   |  | Part 1: Creditors with Priority Unsecure   |                               |
| _              | ington, DE 19899-8803   |  | Part 2: Creditors with Nonpriority Unser   | cured Claims                  |
|                | 3,  | Last 4 digits of account number  | 2108   |                               |
| Name a         | and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original creditor?  |                               |
|                | One NA  | Line 4.4 of (Check one):   | Part 1: Creditors with Priority Unsecure   | ed Claims                     |
| _              | ox 26625<br>mond, VA 23261-6625   | ı  | Part 2: Creditors with Nonpriority Unser   | cured Claims                  |
| KICIII         | mond, VA 23201-0023   | Last 4 digits of account number  | 1767   |                               |
| NI====         |   | On which costs in Dont 4 on Dont 9 did   | . list the accions of some distance.   |                               |
|                | and Address<br>tal One Bank USA N   | On which entry in Part 1 or Part 2 did yo Line <b>4.2</b> of ( <i>Check one</i> ):     | u list the original creditor?<br>Part 1: Creditors with Priority Unsecure  | ed Claims                     |
| PO B           | ox 30281  |  | Part 2: Creditors with Nonpriority Unser   |                               |
| Salt I         | Lake City, UT 84130-0281  | Last 4 digits of account number  |  |                               |
|                |   | Last 4 digits of account number  | 5942   |                               |
|                | and Address   | On which entry in Part 1 or Part 2 did yo  | _  |                               |
|                | tal One Bank USA N<br>sox 30281   |  | Part 1: Creditors with Priority Unsecure   |                               |
|                | Lake City, UT 84130-0281  |  | Part 2: Creditors with Nonpriority Unser   | cured Claims                  |
|                | •   | Last 4 digits of account number  | 9350   |                               |
| Name a         | and Address   | On which entry in Part 1 or Part 2 did yo  | u list the original creditor?  |                               |
|                | enity Bank/Anniesez   |  | Part 1: Creditors with Priority Unsecure   | ed Claims                     |
|                | V 122nd Ave   | ı  | Part 2: Creditors with Nonpriority Unser   | cured Claims                  |
| wesi           | minster, CO 80234-3417  | Last 4 digits of account number  | 4114   |                               |
|                |   | 0 1:1 1 : 5 : 4 5 : 0 ::1  | The state of the s |                               |
|                | and Address<br>enity Bank/Anniesez  | On which entry in Part 1 or Part 2 did yo Line <b>4.9</b> of ( <i>Check one</i> ):     | u list the original creditor?<br>Part 1: Creditors with Priority Unsecure  | ad Claims                     |
|                | V 122nd Ave   |  | Part 2: Creditors with Nonpriority Unser   |                               |
| West           | minster, CO 80234-3417  |  |  | oured oldims                  |
|                |   | Last 4 digits of account number  | 7310   |                               |
|                | and Address   | On which entry in Part 1 or Part 2 did yo  |  |                               |
|                | enity Bank/Roamans  |  | Part 1: Creditors with Priority Unsecure   |                               |
|                | Quivira Rd<br>xa, KS 66215-2746   |  | Part 2: Creditors with Nonpriority Unser   | cured Claims                  |
|                | , <del></del>   | Last 4 digits of account number  | 6113   |                               |

| Debtor 1 Mattei, Denise J  | Case number (f know)  |   |  |
|--|---|---|--|
| Name and Address<br>Comenity Capital/Jjill<br>995 W 122nd Ave  | On which entry in Part 1 or Part 2 d Line <b>4.11</b> of ( <i>Check one</i> ):                                  | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |
| Westminster, CO 80234-3417   | Last 4 digits of account number   | 9419  |  |
| Name and Address Merrick Bank PO Box 9201 Old Bethpage, NY 11804-9001  | On which entry in Part 1 or Part 2 d Line 4.14 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number   | 5941  |  |
| Name and Address Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108-2709                                   | On which entry in Part 1 or Part 2 d Line 4.15 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number   | 5111  |  |
| Name and Address Portfolio Rc 287 Independence Blvd Virginia Beach, VA 23462-2962                                    | On which entry in Part 1 or Part 2 d Line 4.17 of (Check one):  Last 4 digits of account number                 | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  0749 |  |
| Name and Address   | On which entry in Part 1 or Part 2 d  | id you list the original graditor?  |  |
| Portfolio Recovery Ass<br>287 Independence Blvd  | Line 4.16 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |  |
| Virginia Beach, VA 23462-2962  | Last 4 digits of account number   | 2462  |  |
| Name and Address Portfolio Recovery Ass 287 Independence Blvd Virginia Beach, VA 23462-2962                          | On which entry in Part 1 or Part 2 d Line 4.7 of (Check one):  Last 4 digits of account number                  | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  7175 |  |
|  |   |   |  |
| Name and Address Syncb/amazon PO Box 965015 Orlando, FL 32896-5015   | On which entry in Part 1 or Part 2 d Line <b>4.20</b> of ( <i>Check one</i> ):                                  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Oriando, FE 32090-3013   | Last 4 digits of account number   | 1444  |  |
| Name and Address Syncb/paypal Smart Con PO Box 965005 Orlando, FL 32896-5005   | On which entry in Part 1 or Part 2 d Line <b>4.22</b> of ( <i>Check one</i> ):  Last 4 digits of account number | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  4012 |  |
| Name and Address   | On which entry in Part 1 or Part 2 d  |   |  |
| Syncb/Walmart PO Box 965024 El Paso, TX 79998  | Line 4.23 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims   |  |
|  | Last 4 digits of account number   | 7694  |  |
| Name and Address Thd/Cbna PO Box 6497  | On which entry in Part 1 or Part 2 d Line <b>4.6</b> of ( <i>Check one</i> ):                                   | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |
| Sioux Falls, SD 57117-6497   | Last 4 digits of account number   | 3683  |  |
| David Addition Amounts for Foot 7  | Unaccount Claim   |   |  |
| Part 4: Add the Amounts for Each Type of 6. Total the amounts of certain types of unsecured type of unsecured claim. |   | cical reporting purposes only. 28 U.S.C. §159. Add the amounts for each   |  |
| 6a. Domestic support obligati  | ons   | Total Claim 6a. \$ 0.00   |  |
| Total claims   | ebts you owe the government   | 6b. \$ <b>0.00</b>  |  |

0.00

6b. Taxes and certain other debts you owe the government

| ebtor 1 Mattei, D         | Penise J  | Case r | number (if know | v)          |
|---------------------------|---|--------|-----------------|-------------|
| 6c                        | Claims for death or personal injury while you were intoxicated  | 6c.    | \$              | 0.00        |
| 6d                        | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.    | \$              | 0.00        |
| 6e                        | <b>Total Priority.</b> Add lines 6a through 6d.   | 6e.    | \$              | 0.00        |
|                           |   |        | Т               | Total Claim |
| 6f.                       | Student loans   | 6f.    | \$              | 0.00        |
| al claims<br>om Part 2 6g | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.    | \$              | 0.00        |
| 6h                        | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.    | \$              | 0.00        |
| 6i.                       | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i.    | \$              | 56,843.84   |
| 6j.                       | Total Nonpriority. Add lines 6f through 6i.   | 6j.    | \$              | 56,843.84   |

Official Form 106 E/F

| Fill in this infor  |                          |                    |                          |        |                       |
|---------------------|--------------------------|--------------------|--------------------------|--------|-----------------------|
| Debtor 1            | Denise J Mattei          |                    |                          |        |                       |
|                     | First Name               | Middle Name        | Last Name                | )      |                       |
| Debtor 2            |                          |                    |                          |        |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name                |        |                       |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK, BROOKLYN DIV | /ISION |                       |
| Case number         |                          |                    |                          |        | Charlette have        |
| (II KIIOWII)        |                          |                    |                          |        | ☐ Check if this is an |
|                     |                          |                    |                          |        | amended filing        |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|    | Person or | r company with<br>Name, Numbe | n whom you have the<br>r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----|-----------|-------------------------------|---|---------------------|---|
| .1 |           |                               |   |                     |   |
|    | Name      |                               |   |                     | <del>_</del>                            |
|    |           |                               |   |                     |   |
|    | Number    | Street                        |   |                     | <u> </u>                                |
|    | Number    | Olleet                        |   |                     |   |
|    | City      |                               | State   | ZIP Code            |   |
| .2 |           |                               |   |                     |   |
|    | Name      |                               |   |                     |   |
|    |           |                               |   |                     |   |
|    | Number    | Street                        |   |                     | <del></del>                             |
|    |           |                               |   |                     |   |
|    | City      |                               | State   | ZIP Code            |   |
| .3 |           |                               |   |                     | <u></u>                                 |
|    | Name      |                               |   |                     |   |
|    |           |                               |   |                     |   |
|    | Number    | Street                        |   |                     | <del>_</del>                            |
|    |           |                               |   |                     | <u></u>                                 |
| _  | City      |                               | State   | ZIP Code            |   |
| .4 |           |                               |   |                     | <u> </u>                                |
|    | Name      |                               |   |                     |   |
|    |           |                               |   |                     | <u></u>                                 |
|    | Number    | Street                        |   |                     |   |
|    | 0''       |                               | 01.1  | 710.0               | <u> </u>                                |
| .5 | City      |                               | State   | ZIP Code            |   |
| .5 | Name      |                               |   |                     | <u> </u>                                |
|    | 1401116   |                               |   |                     |   |
|    |           |                               |   |                     |   |
|    | Number    | Street                        |   |                     |   |
|    | City      |                               | State   | ZIP Code            | <del></del>                             |
|    | Oity      |                               | State   | 2.1 Joue            |   |

Official Form 106G

| Fill in thi                        | is information to identify your o  | rase:   |  |  |                                   |                    |
|------------------------------------|--|---|--|--|-----------------------------------|--------------------|
| Debtor 1                           | Denise J Mattei  | aso.  |  |  |                                   |                    |
|                                    | First Name   | Middle Name   | Last Name  |  | }                                 |                    |
| Debtor 2<br>(Spouse if, f          | First Name   | Middle Name   | Last Name  |  |                                   |                    |
| United St                          | tates Bankruptcy Court for the:  | EASTERN DISTRICT OF   | F NEW YORK, BROOKLY                                    | N DIVISION   |                                   |                    |
| Case nur                           | mber   |   |  |  | ☐ Check if                        | f this is an       |
|                                    |  |   |  |  | amende                            |                    |
| Officia                            | al Form 106H   |   |  |  |                                   |                    |
| Sche                               | dule H: Your Code  | ebtors  |  |  |                                   | 12/15              |
| are filing<br>and numb<br>case num |  | onsible for supplying cor<br>the left. Attach the Addition<br>puestion. | rect information. If more<br>onal Page to this page. O | space is needed, c<br>n the top of any Ad                | opy the Additional I              | Page, fill it out, |
|                                    | ithin the last 8 years, have you<br>ornia, Idaho, Louisiana, Nevada,   |   |  |  | states and territories            | include Arizona,   |
| ■ No                               | o. Go to line 3.   |   |  |  |                                   |                    |
| □ Ye                               | es. Did your spouse, former spous  | se, or legal equivalent live wi   | th you at the time?                                    |  |                                   |                    |
| line :<br>1060                     | olumn 1, list all of your codebto<br>2 again as a codebtor only if th<br>0), Schedule E/F (Official Form<br>umn 2. | at person is a guarantor o  | or cosigner. Make sure yo                              | ou have listed the c                                     | reditor on Schedule               | D (Official Forn   |
|                                    | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | IP Code   |  | Column 2: The cre<br>Check all schedul                   | editor to whom you es that apply: | owe the debt       |
| 3.1                                | Nancy DeSimone<br>377 Adelaide Ave<br>Staten Island, NY 10306-5  | 329   |  | ■ Schedule D, □ Schedule E/F □ Schedule G Wells Fargo Ho | -, line                           |                    |

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| Fill        | in this information to identify your c  | ase:                             |                        |              |                  |                |                         |               |           |
|-------------|---|----------------------------------|------------------------|--------------|------------------|----------------|-------------------------|---------------|-----------|
| Del         | btor 1 Denise J Ma  | attei                            |                        |              | _                |                |                         |               |           |
|             | btor 2<br>puse, if filing)  |                                  |                        |              | _                |                |                         |               |           |
| Uni         | ited States Bankruptcy Court for the  | EASTERN DISTRICT DIVISION        | OF NEW YORK, BI        | ROOKLYN      | _                |                |                         |               |           |
|             | se number<br>nown)  |                                  | -                      |              |                  |                |                         | •             | hapter 13 |
| 0           | fficial Form 106I   |                                  |                        |              | _                | MM / DD/ Y     |                         | ,             |           |
| S           | chedule I: Your Inc   | ome                              |                        |              | '                | VIIVI / DD/ I  |                         |               | 12/15     |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. (  Describe Employment | r spouse is not filing wit       | h you, do not inclu    | de informa   | ation about      | your spou      | se. If more s           | pace is nee   | eded,     |
| 1.          | Fill in your employment information.  |                                  | Debtor 1               |              |                  | Debtor 2       | or non-filing           | g spouse      |           |
|             | If you have more than one job,  | F                                | ■ Employed             |              |                  | ☐ Emplo        | oyed                    | -             |           |
|             | attach a separate page with information about additional  | Employment status*               | ☐ Not employed         |              |                  | ☐ Not employed |                         |               |           |
|             | employers.  | Occupation                       | See Schedule           | Attached     | <u>t</u>         |                |                         |               |           |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name                  |                        |              |                  |                |                         |               |           |
|             | Occupation may include student of homemaker, if it applies.   | <sub>Dr</sub> Employer's address |                        |              |                  |                |                         |               |           |
|             |   | How long employed th             |                        | tachment     | for Addition     | nal Employ     | ment Inform             | ation         |           |
| Par         | Give Details About Mor  | nthly Income                     |                        |              |                  |                |                         |               |           |
|             | mate monthly income as of the days so you are separated.  | ate you file this form. If y     | ou have nothing to re  | port for any | y line, write \$ | 0 in the spa   | ace. Include y          | our non-filin | g spouse  |
|             | u or your non-filing spouse have mor<br>ce, attach a separate sheet to this for   |                                  | oine the information f | or all emplo | oyers for that   | person on      | the lines belo          | w. If you ne  | ed more   |
|             |   |                                  |                        |              | For De           | btor 1         | For Debto<br>non-filing |               |           |
| 2.          | List monthly gross wages, salar deductions). If not paid monthly, or  |                                  |                        | 2.           | \$5              | 5,323.50       | \$                      | N/A           |           |
| 3.          | Estimate and list monthly overt   | ime pay.                         |                        | 3.           | +\$              | 0.00           | +\$                     | N/A           |           |
| 4.          | Calculate gross Income. Add lin   | ne 2 + line 3.                   |                        | 4.           | \$5,3            | 23.50          | \$                      | N/A           |           |

Official Form 106I Schedule I: Your Income page 1

| Deb | otor 1        | Mattei, Denise J  | _                | Case            | number (if known) |            |                         |
|-----|---------------|---|------------------|-----------------|-------------------|------------|-------------------------|
|     |               |   |                  | Foi             | r Debtor 1        | For Debtor |                         |
|     | Сор           | y line 4 here   | 4.               | \$_             | 5,323.50          | \$         | N/A                     |
| 5.  | List          | all payroll deductions:   |                  |                 |                   |            |                         |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.              | \$              | 1,625.98          | \$         | N/A                     |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5d.           | Required repayments of retirement fund loans  | 5d.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5e.           | Insurance   | 5e.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5f.           | Domestic support obligations  | 5f.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5g.           | Union dues  | 5g.              | \$_             | 0.00              | \$         | N/A                     |
|     | 5h.           | Other deductions. Specify: NYS DISA   | 5h               | · –             |                   | + \$       | N/A                     |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.               | \$_             | 1,628.58          | \$         | N/A                     |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.               | \$_             | 3,694.92          | \$         | N/A                     |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.              | \$              | 0.00              | \$         | N/A                     |
|     | 8b.           | Interest and dividends  | 8b.              | <u> </u>        | 0.00              | \$         | N/A                     |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |                  | т <u> </u>      |                   |            |                         |
|     | 8d.           | settlement, and property settlement.  Unemployment compensation   | 8c.<br>8d.       | \$_<br>\$       | 0.00              | \$<br>\$   | N/A                     |
|     | 8e.           | Social Security   | 8e.              | <sub>\$</sub> - | 0.00              | \$         | N/A<br>N/A              |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.              | \$_<br>\$       | 0.00              | \$         | N/A                     |
|     | 8g.           | Pension or retirement income  | — <sub>8g.</sub> | \$              | 0.00              | \$         | N/A                     |
|     | 8h.           | Other monthly income. Specify:  | 8h               | + \$_           | 0.00              | + \$       | N/A                     |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.               | \$              | 0.00              | \$         | N/A                     |
| 10. |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$           |                 | 3,694.92 + \$_    | N/A        | = \$ 3,694.92           |
| 11. | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your door friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available.  | epender          |                 |                   |            | +\$0.00                 |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The result is the thing amount on the Summary of Schedules and Statistical Summary of Certain  |                  |                 |                   |            | \$3,694.92              |
| 13. | Do y          | ou expect an increase or decrease within the year after you file this form No.  | ?                |                 |                   |            | Combined monthly income |
|     |               | Yes. Explain:   |                  |                 |                   |            |                         |

Official Form 106I Schedule I: Your Income page 2

| Debtor 1 Matte | ei, Denise J | Case number (if known) |
|----------------|--------------|------------------------|
|----------------|--------------|------------------------|

## Official Form B 6I Attachment for Additional Employment Information

|                     | Attachment for Additional El                 |  |
|---------------------|--|--|
| Debtor              |  |  |
| Occupation          | legal assisant                               |  |
| Name of Employer    | Andrew Pappas, Attorney at Law               |  |
| How long employed   | 14 years                                     |  |
| Address of Employer | 182 Rose Ave<br>Staten Island, NY 10306-2963 |  |
| Debtor              |  |  |
| Occupation          | legal assisant                               |  |
| Name of Employer    | Kevin B Zazzera, Attorney At Law             |  |
| How long employed   | 14 years                                     |  |
| Address of Employer | 182 Rose Ave<br>Staten Island, NY 10306-2963 |  |

Official Form 106I Schedule I: Your Income page 3

| Fill          | in this information to identify you                        | ur case:  |                      |             |                                      |  |
|---------------|--|---|----------------------|-------------|--------------------------------------|--|
| Deb           | otor 1 Denise J Mat  | tei   |                      | Che         | eck if this is:                      |  |
|               |  |   |                      |             | An amended filing                    |  |
|               | otor 2  ouse, if filing)                                   |   |                      |             | A supplement show expenses as of the | ving postpetition chapter 13 following date: |
| (0)           | ouce,g/  |   |                      |             |                                      |  |
| Uni           | ted States Bankruptcy Court for the:                       | EASTERN DISTRICT OF NEW YOR<br>BROOKLYN DIVISION                              | ORK,                 |             | MM / DD / YYYY                       |  |
|               |  | BROOKETH DIVISION   |                      |             |                                      |  |
| 1             | e number   |   |                      |             |                                      |  |
| (II K         | nown)  |   |                      |             |                                      |  |
| $\overline{}$ | fficial Form 106 l   |   |                      |             |                                      |  |
|               | fficial Form 106J  | <del>-</del>  |                      |             |                                      |  |
|               | chedule J: Your E  | -   |                      |             |                                      | 12/1   |
|               |  | possible. If two married people are ded, attach another sheet to this for     |                      |             |                                      |  |
|               | known). Answer every question                              |   | o                    | ,           | pugos,o ye.                          |  |
| Pai           | t 1: Describe Your Househ                                  | nold  |                      |             |                                      |  |
| 1.            | Is this a joint case?                                      |   |                      |             |                                      |  |
|               | No. Go to line 2.  |   |                      |             |                                      |  |
|               | ☐ Yes. Does Debtor 2 live in                               | a separate household?   |                      |             |                                      |  |
|               | □ No   |   |                      |             |                                      |  |
|               | ☐ Yes. Debtor 2 must                                       | t file Official Form 106J-2, Expenses i                                       | for Separate Househo | oldof Debto | or 2.                                |  |
| 2.            | Do you have dependents?                                    | ■ No  |                      |             |                                      |  |
|               | Do not list Debtor 1 and                                   | Yes. Fill out this information for  | Dependent's relation | onshin to   | Dependent's                          | Does dependent                               |
|               | Debtor 2.  | each dependent  | Debtor 1 or Debtor   |             | age                                  | live with you?                               |
|               | Do not state the   |   |                      |             |                                      | □ No   |
|               | dependents names.  |   |                      |             |                                      | ☐ Yes  |
|               |  |   |                      |             | _                                    | □ No   |
|               |  |   |                      |             |                                      | Yes  |
|               |  |   |                      |             |                                      | □ No<br>□ Yes                                |
|               |  |   |                      |             |                                      | □ Yes  |
|               |  |   |                      |             |                                      | ☐ Yes  |
| 3.            | Do your expenses include                                   | ■ No  |                      |             |                                      | 33   |
|               | expenses of people other that                              | an 🗖 🗸  |                      |             |                                      |  |
|               | yourself and your dependen                                 | its?  |                      |             |                                      |  |
|               | t 2: Estimate Your Ongoin                                  |   |                      |             |                                      | 1 40 1                                       |
| exp           | enses as of a date after the ba                            | ur bankruptcy filing date unless yo<br>ankruptcy is filed. If this is a suppl |                      |             |                                      |  |
| app           | olicable date.   |   |                      |             |                                      |  |
|               |  | on-cash government assistance if your l                                       |                      |             |                                      |  |
|               | ficial Form 106l.)   | re included it on Schedule I. Tour I  | ricome               |             | Your exp                             | enses  |
|               |  |   |                      |             |                                      |  |
| 4.            | The rental or home ownersh payments and any rent for the o | ip expenses for your residence. In  | clude first mortgage | 4.          | \$                                   | 1,125.00                                     |
|               | payments and any rent for the (                            | ground or lot.  |                      | ٠.          | <u> </u>                             |  |
|               | If not included in line 4:                                 |   |                      |             |                                      |  |
|               | 4a. Real estate taxes                                      |   |                      | 4a.         | \$                                   | 0.00   |
|               | 4b. Property, homeowner's,                                 |   |                      | 4b.         |                                      | 25.00  |
|               |  | pair, and upkeep expenses   |                      | 4c.         | · <del></del>                        | 50.00  |
| 5.            |  | on or condominium dues<br>nts for your residence, such as hom                 | ne equity loans      | 4d.<br>5.   |                                      | 0.00   |
| J.            | Additional mortgage paymen                                 | mo for your residence, such as 11011  | io oquity ibalis     | J.          | Ψ                                    | U.UU   |

| Debtor 1     | Mattei, D                        | Penise J  | Case num     | ber (if known)                        |                          |
|--------------|----------------------------------|---|--------------|---------------------------------------|--------------------------|
| 1 14:        | lities:                          |   |              | _                                     |                          |
| 0ti<br>6a.   |                                  | heat, natural gas   | 6a.          | \$                                    | 550.00                   |
| 6b.          |                                  | ver, garbage collection   | 6b.          | ·                                     | 60.00                    |
| 6c.          |                                  | e, cell phone, Internet, satellite, and cable services  | 6c.          | \$                                    | 320.00                   |
| 6d.          | •                                |   | 6d.          |                                       | 0.00                     |
|              |                                  | ekeeping supplies   | 7.           | \$                                    |                          |
|              |                                  | hildren's education costs   | 7.<br>8.     | \$                                    | 500.00                   |
|              |                                  |   |              | ·                                     | 0.00                     |
|              | •                                | ry, and dry cleaning  | 9.           | \$                                    | 100.00                   |
|              | •                                | roducts and services  | 10.          | · -                                   | 60.00                    |
|              |                                  | ntal expenses   | 11.          | \$                                    | 100.00                   |
|              | ansportation.<br>not include ca  | Include gas, maintenance, bus or train fare.  | 12.          | \$                                    | 80.00                    |
|              |                                  | clubs, recreation, newspapers, magazines, and books   | 13.          | \$                                    | 40.00                    |
|              |                                  | ributions and religious donations   | 14.          | ·                                     | 80.00                    |
|              | surance.                         | ibutions and rengious donations   | 14.          | Ψ                                     | 00.00                    |
|              |                                  | surance deducted from your pay or included in lines 4 or 20.  |              |                                       |                          |
|              | a. Life insura                   |   | 15a.         | \$                                    | 130.00                   |
|              | b. Health ins                    |   | 15b.         |                                       | 60.00                    |
|              | c. Vehicle ins                   |   | 15c.         | ·                                     | 136.00                   |
|              | d. Other insu                    |   | 15d.         |                                       |                          |
|              |                                  | · · · · · · · · · · · · · · · · · · ·   | 15u.         | Ψ                                     | 0.00                     |
|              | <b>xes.</b> Do not inc<br>ecify: | clude taxes deducted from your pay or included in lines 4 or 20.  | 16.          | \$                                    | 0.00                     |
|              | ·                                | ease payments:  |              | Ψ                                     | 0.00                     |
|              |                                  | ents for Vehicle 1  | 17a.         | \$                                    | 0.00                     |
|              |                                  | ents for Vehicle 2  | 17a.         |                                       |                          |
|              |                                  |   | 17b.         | ·                                     | 0.00                     |
|              | c. Other Spe                     | ·   |              | \$                                    | 0.00                     |
|              | d. Other. Spe                    | ·   | 17d.         | \$                                    | 0.00                     |
|              |                                  | of alimony, maintenance, and support that you did not report as   | 18.          | \$                                    | 0.00                     |
|              |                                  | your pay on line 5, Schedule I, Your Income (Official Form 106l). syou make to support others who do not live with you. | 10.          | \$                                    | 0.00                     |
|              |                                  | you make to support others who do not live with you.  | 19.          | Ψ                                     | 0.00                     |
|              | ecify:<br>her real prope         | erty expenses not included in lines 4 or 5 of this form or on Schee   |              | r Income                              |                          |
|              |                                  | on other property   | 20a.         |                                       | 0.00                     |
|              | b. Real estate                   |   | 20b.         | · -                                   | 0.00                     |
|              |                                  | nomeowner's, or renter's insurance  | 20c.         | ·                                     | 0.00                     |
|              |                                  |   | 20d.         |                                       |                          |
|              |                                  | ce, repair, and upkeep expenses   |              | ·                                     | 0.00                     |
|              |                                  | er's association or condominium dues  | 20e.         | \$                                    | 0.00                     |
|              | her: Specify:                    | cigarettes  | 21.          | · · · · · · · · · · · · · · · · · · · | 260.00                   |
| pe           | t food/vet                       |   |              |                                       | 100.00                   |
| 2. <b>Ca</b> | lculate vour r                   | monthly expenses  |              |                                       |                          |
|              |                                  | through 21.   |              | \$                                    | 3,776.00                 |
|              |                                  | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$                                    | 3,110.00                 |
|              |                                  |   |              | ! ·                                   |                          |
| 220          | v. Add iine 22a                  | and 22b. The result is your monthly expenses.   |              | \$                                    | 3,776.00                 |
| 3. <b>Ca</b> | lculate your r                   | monthly net income.   |              |                                       |                          |
|              | •                                | 12 (your combined monthly income) from Schedule I.  | 23a.         | \$                                    | 3,694.92                 |
|              |                                  | monthly expenses from line 22c above.   | 23b.         | ·                                     | 3,776.00                 |
| _3.          | 1- 7 7 - 4.                      | • • • • • • • • • • • • • • • • • • •   |              |                                       | <u> </u>                 |
| 230          | c. Subtract vo                   | our monthly expenses from your monthly income.  |              |                                       |                          |
| _5           |                                  | is your <i>monthly net income</i> .   | 23c.         | \$                                    | -81.08                   |
|              |                                  | •   |              | •                                     | ,                        |
|              |                                  | in increase or decrease in your expenses within the year after you  |              |                                       |                          |
|              |                                  | ou expect to finish paying for your car loan within the year or do you expect you                                       | r mortgage p | payment to increase                   | or decrease because of a |
|              |                                  | terms of your mortgage?   |              |                                       |                          |
|              | No.                              |   |              |                                       |                          |
|              | Yes.                             | Explain here:   |              |                                       |                          |
|              |                                  |   |              |                                       |                          |

| Fill in this in                 | formation to identify your                               | case:                                 |               |                             |                |             |                         |
|---------------------------------|--|---------------------------------------|---------------|-----------------------------|----------------|-------------|-------------------------|
| Debtor 1                        | Denise J Mattei  |                                       |               |                             |                |             |                         |
|                                 | First Name   | Middle Name                           | Las           | t Name                      | }              |             |                         |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name                           | Las           | t Name                      |                |             |                         |
|                                 |  |                                       |               |                             |                |             |                         |
| United States                   | Bankruptcy Court for the:                                | EASTERN DISTRICT (                    | OF NEW YOR    | RK, BROOKLYN DIVISIO        | ON             |             |                         |
| Case numbe                      | r  |                                       |               |                             |                |             |                         |
| (if known)                      | ·  |                                       |               |                             |                |             | Check if this is an     |
|                                 |  |                                       |               |                             |                | á           | amended filing          |
|                                 |  |                                       |               |                             |                |             |                         |
|                                 |  |                                       |               |                             |                |             |                         |
| Official Fo                     | orm 106Dec   |                                       |               |                             |                |             |                         |
| Declar                          | ation About a  | an Individua                          | I Debt        | or's Schedi                 | ules           |             | 12/15                   |
|                                 |  |                                       |               |                             |                |             |                         |
| If two married                  | d people are filing together                             | , both are equally respoi             | nsible for su | pplying correct information | ation.         |             |                         |
| V ("I-                          | Other Commenced and accommence of the                    | la la audinion (autau) a alta disda a |               | Lanka dalah Malifornia      | f-1 4-4        |             | -Parameter and          |
|                                 | this form whenever you fi<br>ney or property by fraud in |                                       |               |                             |                |             |                         |
|                                 | h. 18 U.S.C. §§ 152, 1341, 1                             |                                       | auptoy odoc   | oun result in inies up t    | .ο ψ2ου,ουυ, ι | or impriso  | initiality of up to 20  |
|                                 |  |                                       |               |                             |                |             |                         |
|                                 |  |                                       |               |                             |                |             |                         |
|                                 | Sign Below   |                                       |               |                             |                |             |                         |
|                                 |  |                                       |               |                             |                |             |                         |
| Did you                         | pay or agree to pay some                                 | one who is NOT an attor               | ney to help   | ou fill out bankruptcy      | forms?         |             |                         |
|                                 |  |                                       |               |                             |                |             |                         |
| ■ No                            |  |                                       |               |                             |                |             |                         |
| ☐ Ye                            | s. Name of person  |                                       |               |                             | Attach Bankr   | uptcy Petit | ion Preparer's Notice,  |
|                                 |  |                                       |               |                             | Declaration, a | and Signati | ure (Official Form 119) |
|                                 |  |                                       |               |                             |                |             |                         |
| Under pe                        | enalty of perjury, I declare                             | that I have read the sum              | mary and so   | hedules filed with this     | declaration a  | and         |                         |
| that they                       | are true and correct.                                    |                                       | •             |                             |                |             |                         |
| X /e/ I                         | Denise J Mattei  |                                       | х             |                             |                |             |                         |
|                                 | nise J Mattei  |                                       | ^             | Signature of Debtor 2       |                |             |                         |
|                                 | nature of Debtor 1                                       |                                       |               | J.gataro or 200101 2        |                |             |                         |
| · ·                             |  |                                       |               |                             |                |             |                         |
| Date                            | March 29, 2017   |                                       |               | Date                        |                |             |                         |

| <b>-:</b> 11  |  |         |                             |                      |
|---------------|--|---------|-----------------------------|----------------------|
|               | n this information to identify your case:  |         |                             |                      |
| Deb           | tor 1 Denise J Mattei First Name Middle Name Last Name   |         |                             |                      |
| Deb           | tor 2  |         |                             |                      |
| (Spo          | lse if, filing) First Name Middle Name Last Name   |         |                             |                      |
| Unit          | ed States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION  |         |                             |                      |
| Cas           | e number   |         |                             |                      |
| (if kn        | own)   |         |                             | f this is an         |
|               |  |         | amende                      | ed filing            |
|               |  |         |                             |                      |
| Off           | icial Form 106Sum  |         |                             |                      |
| Su            | mmary of Your Assets and Liabilities and Certain Statistical Information   |         | 12                          | 2/15                 |
| infor<br>your | s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new Summary and check the box at the top of this page. |         |                             |                      |
| Part          | 1: Summarize Your Assets   |         |                             |                      |
|               |  | -       | our ass alue of v           | sets<br>what you own |
| 1.            | Schedule A/B: Property (Official Form 106A/B)  |         |                             |                      |
| ٠.            | 1a. Copy line 55, Total real estate, from Schedule A/B   |         | \$                          | 536,000.00           |
|               | 1b. Copy line 62, Total personal property, from Schedule A/B   |         | \$                          | 7,075.00             |
|               | 1c. Copy line 63, Total of all property on Schedule A/B  |         | \$                          | 543,075.00           |
| Part          | 2: Summarize Your Liabilities  |         |                             |                      |
| ı an          | Z. Outilinarize rout Elabilities   |         |                             |                      |
|               |  |         | <b>our liak</b><br>Amount y |                      |
| 2.            | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   |         |                             |                      |
|               | 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D   |         | \$                          | 249,849.00           |
| 3.            | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   |         | _                           | 0.00                 |
|               | 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F   |         | \$                          | 0.00                 |
|               | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F  |         | \$                          | 56,843.84            |
|               |  |         |                             |                      |
|               | Your total liabilitie  | s \$    |                             | 306,692.84           |
|               |  |         |                             |                      |
| Part          | 3: Summarize Your Income and Expenses  |         |                             |                      |
| 4.            | Schedule I: Your Income(Official Form 106I)  |         |                             |                      |
|               | Copy your combined monthly income from line 12 oSchedule I   |         | \$                          | 3,694.92             |
| 5.            | Schedule J: Your Expenses (Official Form 106J)   |         | _                           | 2 770 00             |
|               | Copy your monthly expenses from line 22c of Schedule J   |         | \$                          | 3,776.00             |
| Part          | 4: Answer These Questions for Administrative and Statistical Records   |         |                             |                      |
| 6.            | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your  | other s | chedule                     | S.                   |
| 7.            | ■ Yes What kind of debt do you have?   |         |                             |                      |
| ••            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.  | persor  | nal, famil                  | y, or household      |

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Mattei, Denise J Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,323.50

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| From Fait 4 on Schedule E/F, copy the following.   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| Fill  | in this inform   | nation to identify your                      | case:  |                                    |   |                                     |
|---|--|--|--|------------------------------------|---|-------------------------------------|
| Deb   | tor 1  | Denise J Mattei                              |  |                                    |   |                                     |
|   |  | First Name                                   | Middle Name  | Last Name                          |   |                                     |
|   |  | First Name                                   | Middle Name  | Last Name                          |   |                                     |
|   | -  | olementary Court for the                     |  |                                    | MINICION  |                                     |
| Debtor 2 (Spouse if, filing) First Name Middle Na | EASTERN DISTRICT OF  | NEW YORK, BROOKLYN D                         | JIVISION   |                                    |   |                                     |
|   |  |  |  |                                    | _   | Check if this is an mended filing   |
|   |  |  | Affairs for Individ  | duals Filing for B                 | ankruptcy   | 4/1                                 |
| infor<br>(if kr                                   | mation. If monomore in the mon | ore space is needed, a<br>er every question. | attach a separate sheet to tl  | his form. On the top of any        | qually responsible for supply<br>additional pages, write your   | ring correct<br>name and case numbe |
|   |  | current marital statu                        | rital Status and Where You   | Lived Before                       |   |                                     |
|   |  | Current marital statu                        | 5:   |                                    |   |                                     |
|   | ☐ Married  |  |  |                                    |   |                                     |
|   | ■ Not mar  | ried   |  |                                    |   |                                     |
| 2.  | During the la  | st 3 years, have you                         | lived anywhere other than v  | where you live now?                |   |                                     |
|   | ■ No □ Yes, Lis  | t all of the places you liv                  | ed in the last 3 years. Do not   | include where you live now.        |   |                                     |
|   |  | ior Address:                                 | Dates Debtor 1   | ·                                  | ldress:   | Dates Debtor 2                      |
|   |  |  | there  |                                    |   | lived there                         |
|   |  |  |  |                                    | ty property state or territory?<br>co, Texas, Washington and Wi |                                     |
|   | ■ No   |  |  |                                    |   |                                     |
|   | _  | ke sure you fill out Sche                    | edule H: Your Codebtors (Offi  | cial Form 106H).                   |   |                                     |
| Pari  | 2 Explai   | n the Sources of You                         | r Income   |                                    |   |                                     |
|   | •  |  |  |                                    |   |                                     |
|   | Fill in the tota   | I amount of income you                       | nployment or from operating<br>u received from all jobs and a<br>lave income that you receive to | all businesses, including part-    |   | lar years?                          |
|   | □ No   |  |  |                                    |   |                                     |
|   | _  | in the details.                              |  |                                    |   |                                     |
|   |  |  | Dobtos 4   |                                    | Dahtar 2  |                                     |
|   |  |  | Debtor 1 Sources of income   | Gross income                       | Debtor 2<br>Sources of income                                   | Gross income                        |
|   |  |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.   | (before deductions and exclusions)  |
|   |  | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$12,717.00                        | ☐ Wages, commissions, bonuses, tips                             |                                     |
|   |  |  | ☐ Operating a business   |                                    | ☐ Operating a business  |                                     |
|   |  |  | · -  |                                    |   |                                     |

Official Form 107

| De | btor 1 N                            | <i>l</i> lattei, Deni               | se J   |   | Cas   | e number (if known)                                     |                              |   |
|----|-------------------------------------|-------------------------------------|--|---|---|---|------------------------------|---|
|    |                                     |                                     |  |   |   |   |                              |   |
|    |                                     |                                     |  | Debtor 1  |   | Debtor 2  |                              |   |
|    |                                     |                                     |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of inc<br>Check all that a                      |                              | Gross income<br>(before deductions<br>and exclusions) |
|    |                                     | endar year:<br>o December           | 31, 2016 )   | ■ Wages, commissions, bonuses, tips   | \$66,123.00   | ☐ Wages, com<br>bonuses, tips                           | missions,                    |   |
|    |                                     |                                     |  | ☐ Operating a business  |   | ☐ Operating a   | business                     |   |
|    |                                     | ndar year be<br>o December          |  | ■ Wages, commissions, bonuses, tips   | \$63,882.00   | ☐ Wages, com<br>bonuses, tips                           | missions,                    |   |
|    |                                     |                                     |  | ☐ Operating a business  |   | ☐ Operating a   | business                     |   |
|    | other pul<br>you are f<br>List each | olic benefit pa<br>iling a joint ca | yments; pens<br>se and you ha  | er that income is taxable. Exam ions; rental income; interest; divave income that you received to me from each source separatel           | vidends; money collected from gether, list it only once under   | lawsuits; royalties;<br>Debtor 1.                       |                              |   |
|    |                                     |                                     |  | Debtor 1  |   | Debtor 2  |                              |   |
|    |                                     |                                     |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)                             | Sources of incorporation Describe below.                | ome                          | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: Li                            | st Certain Pa                       | yments You   | Made Before You Filed for E   | Bankruptcy  |   |                              |   |
| 6. | Are eith ☐ No.                      | Neither De individual p             | ebtor 1 nor E<br>orimarily for a<br>90 days befo<br>Go to line 7<br>List below 6 | each creditor to whom you paid  | mer debts. Consumer debts purpose."  you pay any creditor a total of a total of \$6,425* or more in a | \$6,425* or more?                                       | nts and the to               | otal amount you paid that                             |
|    |                                     | * Subject                           | payments t   | o not include payments for dor<br>o an attorney for this bankrupto<br>t on 4/01/19 and every 3 years a                                    | y case.   | •                 |                              | ly. Also, do not include                              |
|    | ■ Yes                               |                                     |  | or both have primarily consultre you filed for bankruptcy, did  |   | \$600 or more?  |                              |   |
|    |                                     | ■ No.                               | Go to line   | 7.  |   |   |                              |   |
|    |                                     | □ <sub>Yes</sub>                    |  | each creditor to whom you paid<br>or domestic support obligations<br>ptcy case.   |   |   |                              |   |
|    | Credito                             | r's Name and                        | d Address  | Dates of payme  | nt Total amount paid  | Amount you still owe                                    | Was this                     | payment for   |
| 7. | <i>Insiders</i> which yo            | include your ro<br>u are an office  | elatives; any g<br>er, director, pe  | bankruptcy, did you make a<br>general partners; relatives of an<br>erson in control, or owner of 20°<br>prietor. 11 U.S.C. § 101. Include | payment on a debt you ow<br>y general partners; partnershi<br>% or more of their voting secu          | red anyone who wos of which you are rities; and any man | a general pa<br>aging agent, | artner; corporations of including one for a           |
|    | ■ No Yes                            | s. List all paym                    | nents to an ins  | sider.  |   |   |                              |   |
|    | Insider                             | 's Name and                         | Address  | Dates of payme  | nt Total amount paid  | Amount you still owe                                    | Reason fo                    | or this payment                                       |

Official Form 107

| Del | otor 1 M    | attei, Denise J   |  | Case                       | e number ( <i>if kn</i> d | own)                          |                             |
|-----|-------------|---|--|----------------------------|---------------------------|-------------------------------|-----------------------------|
|     |             |   |  |                            |                           |                               |                             |
| 8.  | insider?    | year before you filed for bankruptcy, syments on debts guaranteed or cosigne  |  | nents or transfer an       | y property or             | n account of a deb            | ot that benefited an        |
|     | ■ No □ Yes. | List all payments to an insider   |  |                            |                           |                               |                             |
|     | Insider's   | Name and Address  | Dates of payment                             | Total amount paid          | Amount you                |                               | this payment<br>itor's name |
| Par | rt 4: Ide   | ntify Legal Actions, Repossessions,   | and Foreclosures                             |                            |                           |                               |                             |
| 9.  | List all su | year before you filed for bankruptcy, th matters, including personal injury cas act disputes.                       |  |                            |                           |                               |                             |
|     | □ No        |   |  |                            |                           |                               |                             |
|     | Yes.        | Fill in the details.  |  |                            |                           |                               |                             |
|     | Case titl   |   | Nature of the case                           | Court or agency            |                           | Status of th                  | e case                      |
|     | Mattei      | d Funding LLCv. Denise<br>350-16/RI   | consumer debt                                | Civil Court Rick<br>County | hmond                     | ■ Pending □ On appe □ Conclud |                             |
|     | ☐ Yes.      | Go to line 11. Fill in the information below. Name and Address  | Describe the Property  Explain what happened |                            | D                         | ate                           | Value of the property       |
| 11. | accounts No | days before you filed for bankruptc<br>or refuse to make a payment because<br>Fill in the details.                  | y, did any creditor, inclu                   | iding a bank or fina       | ncial instituti           | on, set off any am            | ounts from your             |
|     | Creditor    | Name and Address  | Describe the action the                      | creditor took              |                           | ate action was                | Amount                      |
|     | ■ No ☐ Yes  | year before you filed for bankruptcy,<br>pointed receiver, a custodian, or ano<br>t Certain Gifts and Contributions |  | ty in the possessio        |                           |                               | t of creditors, a           |
| 13. | Within 2    | years before you filed for bankruptcy   | y, did you give any gifts                    | with a total value o       | f more than \$            | 600 per person?               |                             |
|     | ■ No □ Yes. | Fill in the details for each gift.  |  |                            |                           |                               |                             |
|     |             | h a total value of more than \$600 per  | Describe the gifts                           |                            |                           | ates you gave<br>ne gifts     | Value                       |
|     | Person t    | o Whom You Gave the Gift and  |  |                            |                           |                               |                             |

| Debto             | or 1 Mattei, Denise J  |                       | C  | ase number   | if known)                                |                           |
|-------------------|--|-----------------------|--|--------------|--|---------------------------|
| 14. <b>W</b><br>■ | Within 2 years before you filed for bank  No  Yes. Fill in the details for each gift or o  |                       |  | with a total | value of more than \$6                   | 600 to any charity?       |
| ı                 | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co  | total                 | Describe what you contributed  |              | Dates you contributed                    | Value                     |
| Part 6            | 6: List Certain Losses   |                       |  |              |  |                           |
|                   | Nithin 1 year before you filed for bankr<br>or gambling?   | uptcy or              | since you filed for bankruptcy, did yo   | u lose anyth | ing because of theft,                    | fire, other disaster,     |
|                   | ■ No<br>□ Yes. Fill in the details.  |                       |  |              |  |                           |
|                   | Describe the property you lost and how the loss occurred   | Includ                | ibe any insurance coverage for the lose the amount that insurance has paid. Lince claims on line 33 of Schedule A/B: P | st pending   | Date of your loss                        | Value of property<br>lost |
| Part 7            | 7: List Certain Payments or Transfe  | rs                    |  |              |  |                           |
| C                 | Nithin 1 year before you filed for bankr consulted about seeking bankruptcy or nclude any attorneys, bankruptcy petition p   | preparir              | ng a bankruptcy petition?  |              |  | y to anyone you           |
|                   | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |                       |  |              |  |                           |
| Í                 | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not  | You                   | Description and value of any prope transferred   | rty          | Date payment or transfer was made        | Amount of payment         |
| •                 | Kevin B. Zazzera, Esq.<br>182 Rose Ave Ste 3<br>Staten Island, NY 10306-2900   |                       |  |              |  | \$0.00                    |
| 9                 | greenpath  |                       | credit counciling  |              |  | \$40.00                   |
| р                 | Nithin 1 year before you filed for bankr<br>promised to help you deal with your cre<br>Do not include any payment or transfer that   | editors o             | r to make payments to your creditors?  |              | transfer any propert                     | y to anyone who           |
| •                 | ■ No □ Yes. Fill in the details.   |                       |  |              |  |                           |
|                   | Person Who Was Paid<br>Address   |                       | Description and value of any prope transferred   | rty          | Date payment or transfer was made        | Amount of payment         |
| tr<br>Ir          | Vithin 2 years before you filed for bank ransferred in the ordinary course of you need to both outright transfers and transfer jifts and transfers that you have already lis | our busin<br>s made a | ness or financial affairs? s security (such as the granting of a secu  |              |  |                           |
| _                 | Yes. Fill in the details.  |                       |  |              |  |                           |
|                   | Person Who Received Transfer<br>Address  |                       | Description and value of property transferred  |              | any property or received or debts change | Date transfer was made    |
| ı                 | Person's relationship to you   |                       |  | , OA         | 3  |                           |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Case number (if known)

|     | beneficiary? (These are often called asset-protect ■ No  | ction devices.)  |                          |             |  |   |
|-----|--|--|--------------------------|-------------|--|---|
|     | Yes. Fill in the details.  Name of trust   | Description and  | value of the prop        | perty trans | ferred   | Date Transfer was made                  |
| Par | t 8: List of Certain Financial Accounts, Instr   | uments. Safe Deposit   | Boxes, and Sto           | rage Units  |  | maao                                    |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa                        | were any financial acou  | counts or instru         | ments held  |  |   |
|     | Yes. Fill in the details.  |  |                          |             |  |   |
|     |  | Last 4 digits of account number                                | Type of accordinstrument | unt or      | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?  | ar before you filed fo   | r bankruptcy, an         | y safe dep  | osit box or other deposi                             | itory for securities,                   |
|     | ■ No □ Yes. Fill in the details.   |  |                          |             |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>and ZIP Code)           |                          | Describe    | the contents   | Do you still have it?                   |
| 22. | Have you stored property in a storage unit or  | place other than you   | r home within 1 y        | ear before  | you filed for bankrupto                              | cy?                                     |
|     | ■ No □ Yes. Fill in the details.   |  |                          |             |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>and ZIP Code) |                          | Describe    | the contents   | Do you still have it?                   |
| Par | t 9: Identify Property You Hold or Control fo  | r Someone Else   |                          |             |  |   |
| 23. | Do you hold or control any property that some someone.   | eone else owns? Incl   | ude any property         | you borro   | owed from, are storing f                             | or, or hold in trust for                |
|     | ■ No □ Yes. Fill in the details.   |  |                          |             |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the pro<br>(Number, Street, City,<br>Code)            |                          | Describe    | the property   | Value                                   |
| Par | t 10: Give Details About Environmental Inform  | mation   |                          |             |  |   |
| For | the purpose of Part 10, the following definitions  | s apply:   |                          |             |  |   |
|     | Environmental law means any federal, state, o toxic substances, wastes, or material into the controlling the cleanup of these substances, v Site means any location, facility, or property a | air, land, soil, surface<br>vastes, or material.               | e water, groundw         | ater, or ot | her medium, including s                              | statutes or regulations                 |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Mattei, Denise J

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

own, operate, or utilize it, including disposal sites.

material, pollutant, contaminant, or similar term.

| Der                  | ו וטוכ                        | Mattel, Denise J  |  | Case number (if known)                            |                                   |
|----------------------|-------------------------------|---|--|---|-----------------------------------|
|                      | •                             |   |  |   |                                   |
| 24.                  | Has ar                        | ny governmental unit notified you that  | you may be liable or potentially liable u  | nder or in violation of an env                    | rironmental law?                  |
|                      | ■ N                           | lo<br>es. Fill in the details.  |  |   |                                   |
|                      |                               | e of site ess (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if yo know it                  | u Date of notice                  |
| 25.                  | _ `                           | you notified any governmental unit of a   | any release of hazardous material?   |   |                                   |
|                      | ■ N                           | lo<br>es. Fill in the details.  |  |   |                                   |
|                      |                               | e of site<br>less (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if yo know it                  | u Date of notice                  |
| 26.                  | Have y                        | you been a party in any judicial or adm   | ninistrative proceeding under any enviro   | onmental law? Include settler                     | nents and orders.                 |
|                      | ■ N                           | o<br>es. Fill in the details.   |  |   |                                   |
|                      | Case<br>Case                  | Title<br>Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nature of the case                                | Status of the case                |
| Par                  | t 11:                         | Give Details About Your Business or C   | Connections to Any Business  |   |                                   |
| 27.                  | □ □ N □ Y Busin Addre         | A sole proprietor or self-employed in A member of a limited liability compa A partner in a partnership An officer, director, or managing exe An owner of at least 5% of the voting to. None of the above applies. Go to Pares. Check all that apply above and fillness Name | or equity securities of a corporation  | Employer Identification Do not include Social S   | number<br>ecurity number or ITIN. |
| 28.                  | Within                        | 2 years before you filed for bankrupto  | cy, did you give a financial statement to  | Dates business existed anyone about your business |                                   |
|                      | institu                       | tions, creditors, or other parties.   |  |   |                                   |
|                      | Name<br>Addre                 |   | Date Issued  |   |                                   |
| Par                  | t 12:                         | Sign Below  |  |   |                                   |
| true<br>banl<br>18 U | and co<br>kruptcy<br>I.S.C. § | orrect. I understand that making a false<br>or case can result in fines up to \$250,00<br>§ 152, 1341, 1519, and 3571.  | ancial Affairs and any attachments, and estatement, concealing property, or obt 0, or imprisonment for up to 20 years, o | aining money or property by                       |                                   |
| De                   | nise J                        | e J Mattei  Mattei of Debtor 1  | Signature of Debtor 2  |   |                                   |
| Dat                  | e <u>M</u> a                  | arch 29, 2017   | Date   |   |                                   |

Official Form 107

Case 1-17-41486-ess Doc 1 Filed 03/30/17 Entered 03/30/17 10:15:50

| Debtor 1     | Mattei, Denise J   | Case number (if known)                               |  |
|--------------|--|--|--|
|              |  |  |  |
| Did you atta | tach additional pages to Your Statement of Financial Affairs for Ind | lividuals Filing for Bankruptcy (Official Form 107)? |  |
| ☐ Yes        |  |  |  |
| Did you pay  | y or agree to pay someone who is not an attorney to help you fill o  | out bankruptcy forms?                                |  |
| ■ No         |  |  |  |
| ☐ Yes. Nar   | me of Person Attach the Bankruptcy Petition Preparer's Notice,       | Declaration, and Signature (Official Form 119).      |  |

Official Form 107

| Fill in this inform                                       | nation to identify your case:   |  |                                 |                |   | rected in this form and                            | in Form                             |
|---|---|--|---------------------------------|----------------|---|--|-------------------------------------|
| Debtor 1  | Denise J Mattei   |  | 122                             | 2A-1Su         | ipp:                                    |  |                                     |
| Debtor 2  |   |  | _   [ ,                         | Пит            | h o r o i o n o n r o o .               | montion of obvion                                  |                                     |
| (Spouse, if filing)                                       |   |  | -     '                         | <b>□</b> 1. II | nere is no presi                        | imption of abuse                                   |                                     |
|   | Eastern District of   | New York, Brooklyr                         | n                               |                |   | determine if a presur                              | •                                   |
| United States E   | Bankruptcy Court for the: Division  |  | _                               |                |   | ade under <i>Chapter 7 M</i><br>cial Form 122A-2). | leans Test                          |
| Case number   |   |  |                                 |                | `                                       | ,  |                                     |
| (if known)  |   |  | -     '                         |                |   | does not apply now bed<br>ut it could apply later. | ause or qualified                   |
|   |   |  |                                 |                | ,                                       | ,  |                                     |
| Official E  | orm 122A 1  |  |                                 |                | eck ii tilis is a                       | n amended filing                                   |                                     |
|   | orm 122A - 1  |  |                                 |                | _                                       |  |                                     |
| Cnapter   | 7 Statement of Your Cui   | rent Mont                                  | niy inc                         | ome            | <del>)</del>                            |  | 12/15                               |
| a separate sheet<br>number (if knowi<br>military service, | and accurate as possible. If two married people at to this form. Include the line number to which at 1). If you believe that you are exempted from a procomplete and file Statement of Exemption from | ne additional informatives                 | ation applies.<br>e because you | On the         | top of any additi<br>t have primarily o | onal pages, write your r<br>consumer debts or beca | name and case<br>luse of qualifying |
| Part 1: Ca  | Iculate Your Current Monthly Income   |  |                                 |                |   |  |                                     |
| 1. What is y  | our marital and filing status? Check one or   | ıly.                                       |                                 |                |   |  |                                     |
| ■ Not ma  | arried. Fill out Column A, lines 2-11.  |  |                                 |                |   |  |                                     |
| ☐ Marrie  | d and your spouse is filing with you. Fill ou   | ut both Columns A a                        | and B, lines 2                  | 2-11.          |   |  |                                     |
| ☐ Marrie  | d and your spouse is NOT filing with you.   | You and your spor                          | use are:                        |                |   |  |                                     |
| ☐ Livi  | ng in the same household and are not lega   | Ily separated. Fill o                      | out both Colu                   | ımns A         | and B, lines 2-                         | 11.  |                                     |
| per   | ng separately or are legally separated. Fill alty of perjury that you and your spouse are legart for reasons that do not include evading the N  | gally separated unde                       | er nonbankrup                   | otcy law       | v that applies or                       |  |                                     |
|   | rage monthly income that you received from all  |  |                                 |                |   |  |                                     |
|   | example, if you are filing on September 15, the 6-n<br>the income for all 6 months and divide the total by  |  |                                 |                |   |  |                                     |
|   | rental property, put the income from that property i  |  |                                 |                |   |  | ·                                   |
|   |   |  |                                 | Colum<br>Debto |   | Column B Debtor 2 or                               |                                     |
|   |   |  |                                 | Debio          | ) I                                     | non-filing spouse                                  |                                     |
| 2. Your gros  | ss wages, salary, tips, bonuses, overtime,  | and commissions                            | (before all                     | \$             | 5,323.50                                | \$   |                                     |
| . ,   | and maintenance payments. Do not include  | payments from a s                          | pouse if                        | *              |   |  |                                     |
|   | is filled in.   | 1 . ,                                      |                                 | \$             | 0.00                                    | \$   |                                     |
| of you or<br>from an u                                    | nts from any source which are regularly pa<br>your dependents, including child support.<br>married partner, members of your household,  | Include regular cor<br>your dependents, pa | ntributions<br>arents, and      |                |   |  |                                     |
|   | es. Include regular contributions from a spous<br>clude payments you listed on line 3   | e only if Column B i                       | is not tilled in                | ·.<br>\$       | 0.00                                    | \$   |                                     |
|   | ne from operating a business, profession,   | or farm                                    |                                 |                | _                                       |  |                                     |
|   |   | Debto                                      | or 1                            |                |   |  |                                     |
| Gross rec   | eipts (before all deductions)   | \$0.00                                     |                                 |                |   |  |                                     |
| Ordinary a  | and necessary operating expenses  | -\$ 0.00                                   |                                 |                |   |  |                                     |
| Net month   | nly income from a business, profession, or far  | m \$0.00_ C                                | copy here ->                    | \$             | 0.00                                    | \$   |                                     |
| 6. Net incom  | ne from rental and other real property  |  |                                 |                |   |  |                                     |
|   |   | Debto                                      | or 1                            |                |   |  |                                     |
| Gross rec   | eipts (before all deductions)   | \$ 0.00                                    |                                 |                |   |  |                                     |
| Ordinary a  | and necessary operating expenses  | -\$ 0.00                                   |                                 |                |   |  |                                     |
| Net month   | nly income from rental or other real property   | \$ <u>0.00</u> C                           | copy here ->                    | \$             | 0.00                                    | \$   |                                     |
| 7 Interest  | dividends and royalties   |  |                                 | \$             | 0.00                                    | \$   |                                     |

Official Form 122A-1

Case number (if known)

|      |   |   |  |               | Column A Debtor 1 |             | Column B Debtor 2 or non-filing sp | oouse    |                 |
|------|---|---|--|---------------|-------------------|-------------|------------------------------------|----------|-----------------|
| 8.   | Unemployment com                                  | pensation   |  |               | \$                | 0.00        | \$                                 |          |                 |
|      | Do not enter the amou<br>Social Security Act. In  | unt if you contend that the amount nstead, list it here:  | received was a bene                            | fit under the |                   |             |                                    |          |                 |
|      | For you   |   | \$   | 0.00          |                   |             |                                    |          |                 |
|      | For your spouse                                   |   | \$   |               |                   |             |                                    |          |                 |
| 9.   |   | nt income. Do not include any am  | nount received that w                          | as a benefit  | \$                | 0.00        | \$                                 |          |                 |
| 10.  | not include any benefi<br>a victim of a war crime | er sources not listed above. Spets received under the Social Secule, a crime against humanity, or intersources on a separate page and | rity Act or payments<br>ernational or domestic | received as   | \$                | 0.00        | \$                                 |          |                 |
|      |   |   |  |               | \$                | 0.00        | \$                                 |          |                 |
|      | Total amount                                      | to from apparate pages, if any  |  |               | ¢                 |             | φ                                  |          |                 |
|      | i otai amoun                                      | ts from separate pages, if any.   |  | +             | <u> </u>          | 0.00        | <u> </u>                           |          |                 |
| 11.  |   | current monthly income. Add lind the total for Column A to the total  |  | \$            | 5,323.50          | + -         |                                    | = \$     | 5,323.50        |
|      |   |   |  |               |                   | J           |                                    | Total c  | current monthly |
| Part | 2: Determine Wh                                   | nether the Means Test Applies t   | to You   |               |                   |             |                                    | mcom     | -               |
|      |   |   |  |               |                   |             |                                    |          |                 |
| 12.  | . Calculate your curre                            | ent monthly income for the year   | r. Follow these steps                          | :             |                   |             |                                    |          |                 |
|      | 12a. Copy your total of                           | current monthly income from line  | 11   |               | Сору              | / line 11 h | nere=>                             | \$       | 5,323.50        |
|      | Multiply by 12 (the                               | he number of months in a year)  |  |               |                   |             |                                    | X 1      |                 |
|      | 12b. The result is you                            | r annual income for this part of the  | e form   |               |                   |             | 12b.                               | \$       | 63,882.00       |
| 13.  | . Calculate the media                             | n family income that applies to   | you. Follow these st                           | eps:          |                   |             |                                    |          |                 |
|      | Fill in the state in which                        | h you live.   | NY   |               |                   |             |                                    |          |                 |
|      | Fill in the number of p                           | people in your household.   | 1  |               |                   |             |                                    |          |                 |
|      | To find a list of applic                          | nily income for your state and size<br>able median income amounts, go<br>so be available at the bankruptcy                            | online using the lin                           |               | n the separat     | e instructi | 13.<br>ons for this                | \$       | 49,086.00       |
| 14.  | . How do the lines co                             | mpare?  |  |               |                   |             |                                    |          |                 |
|      | 14a.  Line 12b                                    | o is less than or equal to line 13. Cart 3.   | On the top of page 1                           | , check box   | 1T,here is no p   | oresumptio  | on of abuse.                       |          |                 |
|      |   | o is more than line 13. On the topart 3 and fill out Form 122A-2.   | of page 1, check bo                            | х 2Ţhe presi  | umption of ab     | use is det  | ermined by For                     | m 122A   | ·2.             |
| Part | 3: Sign Below                                     |   |  |               |                   |             |                                    |          |                 |
|      |   | I declare under penalty of perjury  | that the information of                        | n this stater | ment and in a     | nv attachm  | nents is true and                  | d correc | <br>t.          |
|      | , , ,   |   |  |               |                   | .,          |                                    |          | -               |
|      | X /s/ Denise                                      |   |  |               |                   |             |                                    |          |                 |
|      | <b>Denise J M</b><br>Signature of D               |   |  |               |                   |             |                                    |          |                 |
|      | Date March 29, 2                                  | 2017  |  |               |                   |             |                                    |          |                 |
|      | MM / DD / Y                                       |   |  |               |                   |             |                                    |          |                 |
|      | If you checked li                                 | ine 14a, do NOT fill out or file For  | m 122A-2.                                      |               |                   |             |                                    |          |                 |
|      | If you checked li                                 | ine 14b. fill out Form 122A-2 and   | file it with this form.                        |               |                   |             |                                    |          |                 |

Official Form 122A-1

Mattei, Denise J

Debtor 1

| Fill in this information to identify your case:   | Check the appropriate box as directed in   |
|---|--|
| Debtor 1 Denise J Mattei  | lines 40 or 42:  |
| Debtor 2 (Spouse, if filing)  | According to the calculations required by this Statement:  |
| Eastern District of New York United States Bankruptcy Court for the: Division   | a, Brooklyn  |
| Case number   | ☐ 2. There is a presumption of abuse.  |
| (if known)  |  |
| Official Form 122A - 2  | ☐ Check if this is an amended filing   |
| Chapter 7 Means Test Calculation  | 04/16  |
| · · · · · · · · · · · · · · · · · · ·   | 7 Statement of Your Current Monthly Income (Official Form 122A-1).   |
|   | filing together, both are equally responsible for being accurate. If more space nber to which additional information applies. On the top any additional pages, |
| Copy your total current monthly income.  Cop  | py line 11 from Official Form 122A-1 here=> \$ 5,323.50  |
| 2. Did you fill out Column B in Part 1 of Form 122A-1?  |  |
| ■ No. Fill in \$0 for the total on line 3.  |  |
| ☐ Yes. Is your spouse Filing with you?  |  |
| ☐ No. Go to line 3.   |  |
| ☐ Yes. Fill in \$0 the total on line 3.   |  |
| Adjust your current monthly income by subtracting any part of household expenses of you or your dependents. Follow these                                |  |
| On line 11, Column B of Form 122A-1, was any amount of the inco<br>you or your dependents?  | ome you reported for your spouse NOT regularly used for the household expenses of  |
| ■ No. Fill in 0 for the total on line 3.  |  |
| ☐ Yes. Fill in the information below:   |  |
| State each purpose for which the income was used For example, the income is used to pay your spouse's tax de support other than you or your dependents. | your spouse's income   |
|   | \$   |
|   | \$   |
|   | \$   |
| Total   | \$ 0.00  |
| Total.  | Ψ  |
|   | Copy total here=> \$0.00   |
| 4. Adjust your current monthly income. Subtract line 3 from line  | 1. \$ <b>5,323.50</b>  |

Official Form 122A-2

Case number (if known)

| ans                    |  | I Local Standards for certain expense amounts. Use these amounts to dards, go online using the link specified in the separate instructions the bankruptcy clerk's office.   |      |
|------------------------|--|---|------|
| actu                   |  | s of your actual expense. In later parts of the form, you will use some of your of deduct any amounts that you subtracted fro your spouse's income in line 3 ed from in income in lines 5 and 6 of form 122A-1.   |      |
| If yo                  | our expenses differ from month to month, enter the averag  | ge expense.   |      |
| Wh                     | nenever this part of the from refers to you, it means both y   | you and your spouse if Column B of Form 122A-1 is filled in.  |      |
| 5.                     | The number of people used in determining your de   | eductions from income   |      |
|                        | Fill in the number of people who could be claimed as ex<br>number of any additional dependents whom you suppor<br>people in your household.  |   |      |
| Nat                    | tional Standards You must use the IRS Nation   | onal Standards to answer the questions in lines 6-7.  |      |
| •                      |  |   |      |
| <ol> <li>7.</li> </ol> | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or older-because older people have   | nber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are   | 0.00 |
| 7.                     | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional strengths are dollars.  | nber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are   | 0.00 |
| 7.                     | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option of the people who are under 65 years of age  | nber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are   | 0.00 |
| 7.                     | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional strengths are dollars.  | nber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are   | 0.00 |
| 7.                     | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option of the people who are under 65 years of age  | nber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are litional amount on line 22.                     | 0.00 |
| 7.                     | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option of the people who are under 65 years of age  7a. Out-of-pocket health care allowance per person  | sems. \$570  Inber of people you entered in line 5 and the IRS National Standards, fill in mber of people is split into two categoriespeople who are under 65 and a higher IRS allowance for health care costs. If your actual expenses are litional amount on line 22.  \$\$ | 0.00 |
| Peo                    | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional option of people who are under 65 years of age  7a. Out-of-pocket health care allowance per person  7b. Number of people who are under 65  | sems. \$  | 0.00 |
| Peo                    | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option of people who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  | sems. \$  | 0.00 |
| Peo                    | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  | sems. \$  | 0.00 |
| Peo                    | Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional option of people who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  option who are 65 years of age or older  7d. Out-of-pocket health care allowance per person | sssss   | 0.00 |

Mattei, Denise J

Debtor 1

| Debtor 1 | N        | Mattei, Denise J   | Case nu                           | mber (if known)                       |
|----------|----------|--|-----------------------------------|---------------------------------------|
| Loca     | l Sta    | andards You must use the IRS Local Standards to a  | swer the questions in lines 8-15. |                                       |
|          |          | n information from the IRS, the U.S. Trustee Programs into two parts:  | has divided the IRS Local Star    | ndard for housing for bankruptcy      |
| ■ н      | ous      | ing and utilities - Insurance and operating expenses   |                                   |                                       |
| ■ H      | ous      | ing and utilities - Mortgage or rent expenses  |                                   |                                       |
| To a     | nsw      | er the questions in lines 8-9, use the U.S. Trustee Pr   | ogram chart.                      |                                       |
|          |          | ne chart, go online using the link specified in the separa<br>rt may also be available at the bankruptcy clerk's office.                         | instructions for this form.       |                                       |
|          |          | using and utilities - Insurance and operating expense dollar amount listed for your county for insurance and operating                           |                                   |                                       |
| 9.       | Ηοι      | using and utilities - Mortgage or rent expenses:   |                                   |                                       |
|          | 9a.      | Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses                                   |                                   | \$1,643.00                            |
|          | 9b.      | Total average monthly payment for all mortgages and of   | ner debts secured by your home.   |                                       |
|          |          | To calculate the total average monthly payment, add a contractually due to each secured creditor in the 60 months bankruptcy. Then divide by 60. |                                   |                                       |
|          |          | Name of the creditor   | Average monthly payment           |                                       |
|          |          | Wells Fargo Home Mortgage  | \$\$                              |                                       |
|          |          |  |                                   |                                       |
|          |          | Total average monthly payment  | \$ 2,250.00 Copy                  | a a a a a a a a a a a a a a a a a a a |
|          | 9c.      | Net mortgage or rent expense.  |                                   |                                       |
|          |          | Subtract line 9b (total average monthly paymen) from rent expense). If this amount is less than \$0, enter \$0.                                  |                                   | 0.00   Copy   here=> \$ 0.00          |
|          |          | ou claim that the U.S. Trustee Program's division of ects the calculation of your monthly expenses, fill in                                      |                                   |                                       |
|          | Ex       | plain why:   |                                   |                                       |
| 11.      | Loc      | cal transportation expenses: Check the number of vehi  | les for which you claim an owners | ship or operating expense.            |
|          |          | O. Go to line 14.  |                                   |                                       |
|          | <b>1</b> | 1. Go to line 12.  |                                   |                                       |
|          |          | 2 or more. Go to line 12.  |                                   |                                       |
|          |          | nicle operation expense: Using the IRS Local Standard enses, fill in the Operating Costs that apply for your Cens                                |                                   |                                       |

| Debtor 1 | Matte               | ei, Denise J   |                         | Case number            | er (if known)                      |  | _      |
|----------|---------------------|--|-------------------------|------------------------|------------------------------------|--|--------|
| 13.      |                     | ownership or lease expense: Using the IRS Local S claim the expense if you do not make any loan or lease cles.   |                         |                        |                                    |  |        |
| Vel      | hicle 1             | Describe Vehicle 1:  |                         |                        |                                    |  |        |
| 13a.     | Ownersl             | nip or leasing costs using IRS Local Standard  |                         | \$                     | 471.00                             |  |        |
| 13b.     | •                   | monthly payment for all debts secured by Vehicle 1. aclude costs for leased vehicles.  |                         |                        |                                    |  |        |
|          | contracti           | late the average monthly payment here and on line a<br>ually due to each secured creditor in the 60 months aft<br>ride by 60.                                    |                         |                        |                                    |  |        |
|          | Na                  | me of each creditor for Vehicle 1  | Average monthly payment |                        |                                    |  |        |
|          | -N                  | ONE-   | \$                      |                        |                                    |  |        |
|          |                     | Total Average Monthly Payment  | \$0.00                  | Copy<br>here =>        | -\$                                | Repeat this amount on line 33b.                |        |
| 13c.     |                     | cle 1 ownership or lease expense<br>line 13b from line 13a. if this amount is less than \$0  | , enter \$0             | \$                     | 471.00                             | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 471.00 |
| Vel      | hicle 2             | Describe Vehicle 2:  |                         |                        |                                    |  |        |
| 13d.     | Ownersl             | nip or leasing costs using IRS Local Standard  |                         | \$                     | 0.00                               |  |        |
| 13e.     | Average<br>leased v | monthly payment for all debts secured by Vehicle 2. Dehicles.  | o not include costs for |                        |                                    |  |        |
|          | Naı                 | me of each creditor for Vehicle 2  | Average monthly payment |                        |                                    |  |        |
|          |                     |  | _ \$                    |                        |                                    |  |        |
|          |                     | Total Average Monthly Payment  | \$                      | Copy<br>here<br>=> -\$ | 0.0                                | Repeat this amount on line 33c.                |        |
| 13f.     |                     | cle 2 ownership or lease expense<br>line 13e from line 13d. if this amount is less than \$0  | , enter \$0             | \$                     | 0.00                               | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
| 14.      |                     | ransportation expense: If you claimed 0 vehicles in rtation expense allowance regardless of whether you u  |                         | ocal Stand             | ards, fill in th <i><b>⊵</b>ui</i> | <br>blic<br>\$                                 | 0.00   |
| 15.      | deduct a            | nal public transportation expense: If you claimed 1 public transportation expense, you may fill in what you an the IRS Local Standard for Public Transportation. |                         |                        |                                    |  | 0.00   |

Debtor 1 Mattei, Denise J Case number (if known)

| Othe |   | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.  |     |          |
|------|---|--|-----|----------|
| 16.  | self-employment taxes, Social your pay for these taxes. How     | ount that you will actually owe for federal, state and local taxes, such as income taxes, all Security taxes, and Medicare taxes. You may include the monthly amount withheld from vever, if you expect to receive a tax refund, you must divide the expected refund by 12 and e total monthly amount that is withheld to pay for taxes. |     |          |
|      | Do not include real estate, sa                                  | ales, or use taxes.  | \$  | 1,626.00 |
| 17.  | <b>Involuntary deductions:</b> The union dues, and uniform cost | ne total monthly payroll deductions that your job requires, such as retirement contributions, sts.   |     |          |
|      | Do not include amounts that                                     | are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 2.60     |
| 18.  | together, include payments the                                  | onthly premiums that you pay for your own term life insurance. If two married people are filing nat you make for your spouse's term life insurance. Do not include premiums for life insurance n-filing spouse's life insurance, or for any form of life insurance other than term.  | \$  | 130.00   |
| 19.  | Court-ordered payments: agency, such as spousal or o            | The total monthly amount that you pay as required by the order of a court or administrative shild support payments.  |     |          |
|      | Do not include payments on                                      | past due obligations for spousal or child support. You will list these obligations in line 35.   | \$  | 0.00     |
| 20.  | _   | y amount that you pay for education that is either required:   |     |          |
|      | as a condition for your job                                     | , or   |     |          |
|      | for your physically or men                                      | tally challenged dependent child if no public education is available for similar services.   | \$  | 0.00     |
| 21.  | Childcare: The total monthly                                    | amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |     |          |
|      | Do not include payments for                                     | any elementary or secondary school education.  | \$  | 0.00     |
| 22.  | required for the health and we                                  | enses, excluding insurance costs: The monthly amount that you pay for health care that is elfare of you or your dependents and that is not reimbursed by insurance or paid by a health ly the amount that is more than the total entered in line 7.  |     |          |
|      | Payments for health insurance                                   | ce or health savings accounts should be listed only in line 25.  | \$  | 0.00     |
| 23.  | you and your dependents, su                                     | <b>ephone services:</b> The total monthly amount that you pay for telecommunication services for ch as pagers, call waiting, caller identification, special long distance, or business cell phone ary for your health and welfare or that of your dependents or for the production of income, if it ployer.                              |     |          |
|      |   | basic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$ | 0.00     |
| 24.  | Add all of the expenses all Add lines 6 through 23.             | owed under the IRS expense allowances.   | \$  | 3,725.60 |

| Debtor 1 | Mattei, Denise J   |   |                         |  | Case number (if known)  |          |        |
|----------|--|---|-------------------------|--|---|----------|--------|
| Δdd      | litional Expense Deductions  | These are additional de                               | ductions                | allowed by the                                   | Means Test  |          |        |
| Add      | inional Expense Deductions   | Note: Do not include an                               |                         | ·  |   |          |        |
| 25       | Hoalth incurance disability i                                      |   | , ,                     |  | es. The monthly expenses for health   |          |        |
| 20.      |  |   |                         |  | ecessary for yourself, your spouse, or you  | •        |        |
|          | Health insurance   |   | \$                      | 597.85   |   |          |        |
|          | Disability insurance   |   | \$                      | 0.00   |   |          |        |
|          | Health savings account   |   | + \$                    | 0.00   | ٦   |          |        |
|          | Total  |   | \$                      | 597.85   | Copy total here=>   | \$       | 597.85 |
|          | Do you actually spend this total                                   | al amount?  |                         |  | J   |          |        |
|          | No. How much do you  | actually spend?                                       |                         |  |   |          |        |
|          | ☐ Yes  |   | \$                      |  | 60  |          |        |
| 26.      | continue to pay for the reasona household or member of your in     | ble and necessary care and mmediate family who is una | d support<br>able to pa | of an elderly, of of an elderly, of of such expe | actual monthly expenses that you will chronically ill, or disabled member of your enses. These expenses may include | \$       | 0.00   |
| 27       | contributions to an account of a                                   |   |                         | • ( )  | es that you incur to maintain the safety of   | <u> </u> |        |
| 21.      | you and your family under the F                                    |   |                         |  |   |          |        |
|          | By law, the court must keep the                                    | e nature of these expenses                            | confiden                | tial.  |   | \$       | 0.00   |
| 28.      | Additional home energy cos   | ts. Your home energy costs                            | s are incl              | uded in your in:                                 | surance and operating expenses on line 8.   |          |        |
|          | If you believe that you have hon then fill in the excess amount o  |   | ore than t              | he home energ                                    | y costs included in expenses on line 8,   |          |        |
|          | You must give your case truste claimed is reasonable and necessary |   | ctual expe              | enses, and you                                   | must show that the additional amount  | \$       | 0.00   |
| 29.      |  | y for your dependent childre                          |                         |  | monthly expenses (not more than n 18 years old to attend a private or public  |          |        |
|          | You must give your case truste reasonable and necessary and        |   |                         |  | must explain why the amount claimed is  |          |        |
|          | * Subject to adjustment on 4/01                                    | I/19, and every 3 years afte                          | er that for             | cases begun o                                    | on or after the date of adjustment.   | \$       | 0.00   |
| 30.      |  | lothing allowances in the II                          | RS Natio                |  | ual food and clothing expenses are higher That amount cannot be more than 5% of                                     | :        |        |
|          | To find a chart showing the mathis form. This chart may also be    |   |                         |  | k specified in the separate instructions for  |          |        |
|          | You must show that the additio                                     | nal amount claimed is reas                            | onable ar               | nd necessary.                                    |   | \$       | 0.00   |
| 31.      | Continuing charitable contri<br>instruments to a religious or ch   |   |                         |  | ribute in the form of cash or financial   | +\$      | 80.00  |
| 32       | Add all of the additional exp                                      | ense deductions                                       |                         |  |   | \$       | 677.85 |

32. Add all of the additional expense deductions.

Add lines 25 through 31.

Case number (if known)

| 3         | ns for Debt Payment   |  |             |        |                                      |                |               |                    |
|-----------|---|--|-------------|--------|--------------------------------------|----------------|---------------|--------------------|
|           | ebts that are secured by an interesther secured debt, fill in lines 33a | st in property that you own, including through 33e.  | home mo     | rtgage | es, vehicle loai                     | ns,            |               |                    |
| To cal    |   | nent, add all amounts that are contractuall  | ly due to e | ach se | cured creditor in                    | n              |               |                    |
| М         | ortgages on your home:  |  |             |        |                                      |                | Avera<br>paym | age monthly<br>ent |
| 3a. Co    | opy line 9b here  |  |             |        |                                      | =>             | \$            | 2,250.00           |
|           | oans on your first two vehicles:  |  |             |        |                                      |                |               |                    |
| 3b. Co    | opy line 13b here   |  |             |        |                                      | =>             | \$            | 0.00               |
|           |   |  |             |        |                                      | =>             | \$            | 0.00               |
|           | st other secured debts:   |  |             |        |                                      |                |               |                    |
| ame of ea | ach creditor for other secured debt                                     | Identify property that secures the de  | bt          |        | Does paymen include taxes insurance? |                |               |                    |
|           |   |  |             |        | □ No                                 |                |               |                    |
| -NC       | ONE-  |  |             |        | ☐ No                                 |                | ħ             |                    |
|           | J   |  |             |        | □ res                                |                | ₿             |                    |
|           |   |  |             |        | □ No                                 |                |               |                    |
|           |   |  |             |        | ☐ Yes                                |                | \$            |                    |
|           |   |  |             |        | <b>-</b>                             |                |               |                    |
|           |   |  |             |        | □ No                                 |                |               |                    |
|           |   | _  |             |        | ☐ Yes                                | +              | ₿             |                    |
|           |   |  |             |        |                                      | Сору           |               |                    |
| Be. Tota  | al average monthly payment. Add lii                                     | nes 33a through 33d  |             | \$     | 2,250.00                             | total<br>here: | Φ             | 2,250.00           |
|           |   |  | L           |        |                                      |                |               |                    |
|           |   | secured by your primary residence, a<br>port or the support of your dependents                           |             | or     |                                      |                |               |                    |
| ■ No      | o. Go to line 35.   |  |             |        |                                      |                |               |                    |
|           | es. State any amount that you mus                                       | t pay to a creditor, in addition to the payr<br>our property (called the <i>cure amount</i> ). Nex<br>w. |             |        |                                      |                |               |                    |
| Name of t | the creditor  | Identify property that secures the debt  |             |        | Total cure<br>amount                 |                |               | Monthly cure mount |
| NONE      | -   |  |             | \$     |                                      | ÷ 60 =         | \$            |                    |
|           | _   |  | Г           |        |                                      | _              |               |                    |
|           |   |  |             |        |                                      | Сору           |               |                    |
|           |   |  | Total       | \$     | 0.00                                 | total<br>here  | :> \$         | 0.0                |
|           |   | a priority tax, child support, or alimo  | ny - that   |        |                                      |                |               |                    |
|           | ,   | r bankruptcy case? 11 U.S.C. § 507.  |             |        |                                      |                |               |                    |
| ■ No      |   | hese priority claims. Do not include curre   | ent or ona  | oina   |                                      |                |               |                    |
|           | priority claims, such as those yo                                       |  | on ong      | onig   |                                      |                |               |                    |
|           | Total amount of all past-due p  | riority claims   | (           | 6      | 0.00                                 | ÷ 60 =         | . \$          | 0                  |

Mattei, Denise J

Debtor 1

| btor 1 N          | Mattei, Denise J  |             | Case r              | umber ( <i>if knowr</i> | n)             |                  |          |
|-------------------|---|-------------|---------------------|-------------------------|----------------|------------------|----------|
| For n             | vou eligible to file a case under Chapter 13? 11 U.S.C. § 1 nore information, go online using the link fo <i>Bankruptcy Basic</i> actions for this form. <i>Bankruptcy Basics</i> may also be available | s specified |                     | ce.                     |                |                  |          |
| ■ N               | lo. Go to line 37.  |             |                     |                         |                |                  |          |
|                   | es. Fill in the following information.  |             |                     |                         |                |                  |          |
|                   | Projected monthly plan payment if you were filing under   | Chapter 13  | \$                  |                         |                |                  |          |
|                   | Current multiplier for your district as stated on the list iss  | •           |                     |                         |                |                  |          |
|                   | Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for United all other districts).  |             |                     |                         |                |                  |          |
|                   | To find a list of district multipliers that includes your dis link specified in the separate instructions for this form. available at the bankruptcy clerk's office.                                    |             |                     |                         | Co             | py total         |          |
|                   | Average monthly administrative expense if you were filing   | g under Ch  | apter 13            | \$                      |                | re=> \$          |          |
|                   | d all of the deductions for debt payment. I lines 33e through 36.   |             |                     |                         |                | \$               | 2,250.00 |
| Total De          | ductions from Income  |             |                     |                         |                |                  | <u>'</u> |
| 38. <b>Add</b>    | all of the allowed deductions.  |             |                     |                         |                |                  |          |
|                   | y line 24, All of the expenses allowed under IRS  | •           | 2 725 60            |                         |                |                  |          |
|                   | ense allowances   | \$          | 3,725.60            |                         |                |                  |          |
| Сор               | by line 32, All of the additional expense deductions  | \$          | 677.85              |                         |                |                  |          |
| Сор               | by line 37, All of the deductions for debt payment  | +\$         | 2,250.00            | 7                       |                |                  |          |
|                   | Total deductions  | \$          | 6,653.45            | Copy total              | here           | => \$            | 6,653.45 |
| art 3:            | Determine Whether There is a Presumption of Abuse   |             |                     |                         |                |                  |          |
| 39. <b>Calc</b> ı | ulate monthly disposable income for 60 months   |             |                     |                         |                |                  |          |
|                   | Copy line 4, adjusted current monthly income  | \$          | 5,323.50            |                         |                |                  |          |
|                   | . Copy line 38,Total deductions   | - \$        | 6,653.45            |                         |                |                  |          |
|                   | . Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a   | \$          | 0.00                | Copy<br>here=>\$        |                | 0.00             |          |
| For               | the next 60 months (5 years)  |             |                     |                         | x 60           |                  |          |
|                   |   |             |                     |                         |                |                  |          |
| 39d               | . <b>Total.</b> Multiply line 39c by 60   |             | \$                  | 0.00                    | Copy<br>here=> | \$               | 0.00     |
| 40. <b>Find</b>   | out whether there is a presumption of abuse. Check the  | box that ap | plies:              |                         | J              |                  |          |
| ■т                | he line 39d is less than \$7,700*. On the top of page 1 of thi  | s form, che | ck box 1, There is  | s no presumi            | otion of abu   | se. Go to Part 5 | 5.       |
| Пτ                | the line 39d is more than \$12,850*. On the top of page 1 of  |             |                     |                         |                |                  |          |
| _                 | you claim special circumstances. Go to Part 5.  |             |                     |                         |                |                  |          |
|                   | he line 39d is at least \$7,700*, but not more than \$12,850  |             |                     |                         |                |                  |          |
| *Subi             | iect to adjustment on 4/01/19, and every 3 years after that for   | cases filed | on or after the dat | e of adjustm            | ent            |                  |          |

Debtor 1

| Debtor 1      | Matt                                | tei, Denise J   | Case number (if known)                          |
|---------------|-------------------------------------|---|---|
| 41.           | 41a.                                | Fill in the amount of your total nonpriority unsecured debt. If you filled ou<br>Summary of Your Assets and Liabilities and Certain Statistical Information<br>Schedules (Official Form 106Sum), you may refer to line 3b on that form.   | ut <i>A</i> 41a. \$ X .25                       |
| 42 <b>D</b> e |                                     | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)( Multiply line 41a by 0.25  |   |
| of            | your i                              | unsecured, nonpriority debt. le box that applies:   | additions is chough to pay 25%                  |
|               |                                     | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>Ther</i> o Part 5.   | e is no presumption of abuse.                   |
|               |                                     | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, chece. You may fill out Part 4 if you claim special circumstances. Then go to Part 5   |   |
| Part 4:       | Giv                                 | ve Details About Special Circumstances  |   |
| rease         | onable  lo. Go  es. Fil  Yo  Yo  ne | we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  If in the following information. All figures should reflect your average monthly export may include expenses you listed in line 25.  To unust give a detailed explanation of the special circumstances that make the expressary and reasonable. You must also give your case trustee documentation of ligistments. | ense or income adjustment for each item.        |
|               |                                     | Give a detailed explanation of the special circumstances  | Average monthly expense or income adjustment    |
|               | _                                   |   | \$  |
|               | _                                   |   | \$  |
|               | _                                   |   | \$<br>\$  |
| Part 5:       | Sig                                 | gn Below  | Ψ   |
|               | By si                               | gning here, I declare under penalty of perjury that the information on this statement   | ent and in any attachments is true and correct. |
|               |                                     | / Denise J Mattei<br>enise J Mattei   |   |
|               |                                     | gnature of Debtor 1   |   |
| Da            |                                     | arch 29, 2017<br>M / DD / YYYY  |   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Eastern District of New York, Brooklyn Division

|       | Eastern District of   | New York, Brooki                                | yn Division            |                           |             |
|-------|---|---|------------------------|---------------------------|-------------|
| In re | Mattei, Denise J  | Debtor(s)                                       | Case No.               | 7                         |             |
|       |   | Debtor(s)                                       | Chapter                | _7                        |             |
|       | DISCLOSURE OF COMPENS.  | ATION OF ATTO                                   | ORNEY FOR I            | DEBTOR                    |             |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or  | the petition in bankruptc                       | y, or agreed to be pai | d to me, for services rer |             |
|       | For legal services, I have agreed to accept   |   | \$ <u></u>             | 0.00                      |             |
|       | Prior to the filing of this statement I have received   |   |                        | 0.00                      |             |
|       | Balance Due   |   | \$                     | 0.00                      |             |
| 2.    | The source of the compensation paid to me was:  |   |                        |                           |             |
|       | ■ Debtor □ Other (specify):   |   |                        |                           |             |
| 3.    | The source of compensation to be paid to me is:   |   |                        |                           |             |
|       | ■ Debtor □ Other (specify):   |   |                        |                           |             |
| 4.    | ■ I have not agreed to share the above-disclosed compensat firm.  | ion with any other person                       | n unless they are men  | mbers and associates of   | my law      |
|       | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names o  |   |                        |                           | w firm. A   |
| 5.    | In return for the above-disclosed fee, I have agreed to render  | legal service for all aspe                      | cts of the bankruptcy  | case, including:          |             |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering a</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> </ul> | t of affairs and plan whic                      | h may be required;     | -                         | uptcy;      |
| 6.    | By agreement with the debtor(s), the above-disclosed fee does   | s not include the following                     | ng service:            |                           |             |
|       | CE  | RTIFICATION                                     |                        |                           |             |
|       | I certify that the foregoing is a complete statement of any agree cankruptcy proceeding.  | eement or arrangement fo                        | or payment to me for   | representation of the de  | ebtor(s) in |
|       | March 29, 2017  | /s/ Kevin Zazzera                               | 1                      |                           | _           |
| L     | Date (  | Kevin Zazzera                                   |                        |                           |             |
|       |   | Signature of Attorn<br><b>Kevin B. Zazze</b> ra |                        |                           |             |
|       |   | 182 Rose Ave St<br>Staten Island, N             |                        |                           |             |
|       |   | kzazz007@yahod                                  | o.com                  |                           | _           |
|       |   | Name of law firm                                |                        |                           |             |